

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).  
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

FORM APPROVED  
 OMB NO. 0938-0050

Provider CCN: 150026

Period:  
 From 01/01/2012  
 To 12/31/2012

Worksheet S  
 Parts I-III  
 Date/Time Prepared:  
 5/23/2013 10:25 am

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/23/2013	Time: 10:25 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH GOSHEN HOSPITAL ( 150026 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/23/2013 Time: 10:25 am  
 qS2gGQV5oxxwJnxu4EUI5Zwgccwvy0  
 ubycv0U.2x2KEWyRmKghrBXQVJU2n0  
 yQzRLaygfg0zG6tQ  
 PI: Date: 5/23/2013 Time: 10:25 am  
 fFVCmuQg6.saqPPCeflUaho1JG63r0  
 1LLFR0pkBU58EPoUAUBBJTQBevAP:r  
 v.WC02IBY90aCrFR

(Signed)

*Amy Jo*  
 Officer or Administrator of Provider(s)

Title

Date

5-23-13

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-300,375	-144,597	-358,682	-1,068,813	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-300,375	-144,597	-358,682	-1,068,813	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150026

Period:  
From 01/01/2012  
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		Beginning: 1.00	Ending: 2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N 1.00	Y/N 2.00	
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.			39.00
		V 1.00	XVIII 2.00	XIX 3.00
<b>Prospective Payment System (PPS)-Capital</b>				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N
<b>Teaching Hospitals</b>				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.			
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.			
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y		
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00		
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N		
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00
<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b>				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
	1.00	2.00	3.00	

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
70.00	<b>Inpatient Psychiatric Facility PPS</b> Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00



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		1.00	2.00	3.00	
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		1.00			2.00
		3.00			
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	812,663	256,000	0	
		118.01			

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							1.00	
<b>Multicampus</b>								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		<b>Name</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>	<b>CBSA</b>	<b>FTE/Campus</b>	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Y/N		
		1.00		
<b>PS&amp;R Data</b>				
		Y/N	Date	Y/N
		1.00	2.00	3.00
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/04/2013	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REX		SHERA	41.00
42.00	Enter the employer/company name of the cost report preparer.	ERNST & YOUNG			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3176807519		REX.SHERA@EY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-2  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	04/04/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PPED	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-2  
Part IX  
Date/Time Prepared:  
5/22/2013 11:41 am

		Title v 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title v or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title v or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title v or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title v follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title v 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title v or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title v or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	111	40,626	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		111	40,626	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		123	45,018	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		123			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents	
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
	6.00	7.00	8.00	9.00	10.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	7,448	1,226	17,637		1.00
2.00 HMO	1,984	2,437			2.00
3.00 HMO IPF Subprovider	0	0			3.00
4.00 HMO IRF Subprovider	0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,448	1,226	17,637		7.00
8.00 INTENSIVE CARE UNIT	878	0	2,205		8.00
9.00 CORONARY CARE UNIT	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY		392	2,181		13.00
14.00 Total (see instructions)	8,326	1,618	22,023	0.00	981.10
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00 HOME HEALTH AGENCY	0	0	10,213	0.00	26.90
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00
24.00 HOSPICE	0	0	0	0.00	13.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00
25.10 CMHC - CORF	0	0	0	0.00	0.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,021.00
28.00	Observation Bed Days		305	1,820		
29.00	Ambulance Trips	0		0		
30.00	Employee discount days (see instruction)			0		
31.00	Employee discount days - IRF			0		
32.00	Labor & delivery days (see instructions)		176	315		
33.00	LTCH non-covered days	0				
Component		Full Time Equivalents	Discharges			
		Nonpaid workers	Title V	Title XVIII	Title XIX	Total All Patients
		11.00	12.00	13.00	14.00	15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	2,173	1,470	7,475
2.00	HMO			0		
3.00	HMO IPF Subprovider					
4.00	HMO IRF Subprovider					
5.00	Hospital Adults & Peds. Swing Bed SNF					
6.00	Hospital Adults & Peds. Swing Bed NF					
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)					
8.00	INTENSIVE CARE UNIT					
9.00	CORONARY CARE UNIT					
10.00	BURN INTENSIVE CARE UNIT					
11.00	SURGICAL INTENSIVE CARE UNIT					
12.00	OTHER SPECIAL CARE (SPECIFY)					
13.00	NURSERY					
14.00	Total (see instructions)	0.00	0	2,173	1,470	7,475
15.00	CAH visits					
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0
18.00	SUBPROVIDER	0.00	0	0	0	0
19.00	SKILLED NURSING FACILITY	0.00				
20.00	NURSING FACILITY	0.00				
21.00	OTHER LONG TERM CARE	0.00				0
22.00	HOME HEALTH AGENCY	0.00				
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00				
24.00	HOSPICE	0.00				
25.00	CMHC - CMHC	0.00				
25.10	CMHC - CORF	0.00				
26.00	RURAL HEALTH CLINIC	0.00				
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00				
27.00	Total (sum of lines 14-26)	0.00				
28.00	Observation Bed Days					
29.00	Ambulance Trips					
30.00	Employee discount days (see instruction)					
31.00	Employee discount days - IRF					
32.00	Labor & delivery days (see instructions)					
33.00	LTCH non-covered days					

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	60,733,212	0	60,733,212	2,124,480.00	28.59 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		792,546	0	792,546	7,204.75	110.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician-Part B		6,590,452	0	6,590,452	29,542.75	223.08 5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		4,433,105	565,201	4,998,306	187,197.00	26.70 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		166,760	0	166,760	2,610.87	63.87 11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		555,835	0	555,835	3,610.25	153.96 13.00
14.00	Home office salaries & wage-related costs		5,355,755	0	5,355,755	83,762.00	63.94 14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		15,243,666	0	15,243,666		
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,381,455	0	1,381,455		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		246,975	0	246,975		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,053,733	0	2,053,733		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	636,564	0	636,564	25,065.00	25.40 26.00
27.00	Administrative & General	5.00	10,446,481	-565,201	9,881,280	294,103.00	33.60 27.00
28.00	Administrative & General under contract (see inst.)		1,077,644	0	1,077,644	9,426.76	114.32 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	770,475	0	770,475	33,865.00	22.75 30.00
31.00	Laundry & Linen Service	8.00	32,520	0	32,520	2,943.00	11.05 31.00
32.00	Housekeeping	9.00	912,942	0	912,942	71,667.00	12.74 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	714,567	-540,204	174,363	15,255.00	11.43 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00 35.00
36.00	Cafeteria	11.00	0	540,204	540,204	47,265.00	11.43 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	1,412,513	0	1,412,513	41,660.00	33.91 38.00
39.00	Central Services and Supply	14.00	211,671	0	211,671	13,429.00	15.76 39.00
40.00	Pharmacy	15.00	1,204,381	0	1,204,381	32,599.00	36.95 40.00
41.00	Medical Records & Medical Records Library	16.00	1,264,484	0	1,264,484	57,543.00	21.97 41.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	376,713	0	376,713	15,606.00	24.14	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-3  
Part III  
Date/Time Prepared:  
5/22/2013 11:41 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	55,220,404	0	55,220,404	2,104,364.01	26.24	1.00
2.00	Excluded area salaries (see instructions)	4,433,105	565,201	4,998,306	187,197.00	26.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,787,299	-565,201	50,222,098	1,917,167.01	26.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,078,350	0	6,078,350	89,983.12	67.55	4.00
5.00	Subtotal wage-related costs (see inst.)	15,490,641	0	15,490,641	0.00	30.84	5.00
6.00	Total (sum of lines 3 thru 5)	72,356,290	-565,201	71,791,089	2,007,150.13	35.77	6.00
7.00	Total overhead cost (see instructions)	19,060,955	-565,201	18,495,754	660,426.76	28.01	7.00

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/22/2013 11:41 am

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	653,604	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,966,067	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,717,293	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	324,883	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-116,322	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	448,281	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	2,678	14.00
15.00	'Workers' Compensation Insurance	270,625	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	0	17.00
18.00	Medicare Taxes - Employers Portion Only	3,441,198	18.00
19.00	Unemployment Insurance	60,325	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	48,245	22.00
23.00	Tuition Reimbursement	108,953	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,925,830	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet S-3  
Part V  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	1,244,404	0	1.00
2.00	Hospital	1,244,404	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150026  
Component CCN: 157174Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-4

Date/Time Prepared:  
5/22/2013 11:41 amHome Health  
Agency I

PPS

		1.00					
0.00 County		ELKHART				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
<b>HOME HEALTH AGENCY STATISTICAL DATA</b>							
1.00	Home Health Aide Hours	0	1,145	14	16	1,175	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	488.00	31.00	178.00	701.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
<b>HOME HEALTH AGENCY - NUMBER OF EMPLOYEES</b>							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.08	0.00	0.08	4.00
5.00	Other Administrative Personnel			1.04	0.00	1.04	5.00
6.00	Direct Nursing Service			14.24	0.00	14.24	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.71	0.00	2.71	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.02	0.00	1.02	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.38	0.00	0.38	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			2.85	0.00	2.85	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			4.58	0.00	4.58	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
<b>HOME HEALTH AGENCY CBSA CODES</b>							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21140			20.00
20.01				99915			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		without Outliers	with Outliers				
		1.00	2.00	3.00	4.00	5.00	
<b>PPS ACTIVITY DATA</b>							
21.00	Skilled Nursing Visits	3,255	56	177	51	3,539	21.00
22.00	Skilled Nursing Visit Charges	491,970	8,680	25,885	7,440	533,975	22.00
23.00	Physical Therapy Visits	1,347	17	23	31	1,418	23.00
24.00	Physical Therapy Visit Charges	223,380	2,890	3,230	5,270	234,770	24.00
25.00	Occupational Therapy Visits	372	14	1	21	408	25.00
26.00	Occupational Therapy Visit Charges	63,070	2,380	170	3,570	69,190	26.00
27.00	Speech Pathology Visits	72	11	1	4	88	27.00
28.00	Speech Pathology Visit Charges	12,600	1,800	180	720	15,300	28.00
29.00	Medical Social Service Visits	73	0	4	5	82	29.00
30.00	Medical Social Service Visit Charges	15,695	0	860	1,075	17,630	30.00
31.00	Home Health Aide Visits	882	17	7	24	930	31.00
32.00	Home Health Aide Visit Charges	70,560	1,360	560	1,920	74,400	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,001	115	213	136	6,465	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	877,275	17,110	30,885	19,995	945,265	35.00
36.00	Total Number of Episodes (standard/non outlier)	378		80	9	467	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	73,407	1,618	3,751	1,511	80,287	38.00

## HOSPITAL IDENTIFICATION DATA

Provider CCN: 150026

Period:

Worksheet S-9

Component CCN: 151527

From 01/01/2012

Parts I &amp; II

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

		Hospice I					Total (sum of cols. 1, 2 & 5)	
		Unduplicated Days	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		Title XVIII						
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	16,273	0	0	0	1,060	17,333	2.00
3.00	Inpatient Respite Care	67	0	0	0	14	81	3.00
4.00	General Inpatient Care	161	0	0	0	75	236	4.00
5.00	Total Hospice Days	16,501	0	0	0	1,149	17,650	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	319	11	0	0	45	375	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	51.73	0.00	0.00	0.00	25.53	47.07	8.00
9.00	Unduplicated Census Count	314	11	0	0	45	370	9.00



HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-10

Date/Time Prepared:  
5/22/2013 11:41 am

		1.00	
<b>Uncompensated and indigent care cost computation</b>			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.339805	1.00
<b>Medicaid (see instructions for each line)</b>			
2.00	Net revenue from Medicaid	0	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	33,353,916	6.00
7.00	Medicaid cost (line 1 times line 6)	11,333,827	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	11,333,827	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>			
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
<b>Uncompensated care (see instructions for each line)</b>			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	11,333,827	19.00
		<b>Uninsured patients</b>	<b>Insured patients</b>
		<b>1.00</b>	<b>2.00</b>
		<b>3.00</b>	<b>4.00</b>
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,878,581	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,356,791	0
22.00	Partial payment by patients approved for charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,356,791	0
		<b>1.00</b>	<b>2.00</b>
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		0
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0
26.00	Total bad debt expense for the entire hospital complex (see instructions)	21,496,206	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	96,799	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	21,399,407	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	7,271,625	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	10,628,416	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	21,962,243	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		11,285,951	11,285,951	-5,605,632	5,680,319	1.00
2.00	00200		0	0	6,979,988	6,979,988	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	636,564	16,089,268	16,725,832	258,945	16,984,777	4.00
5.01	00550	751,884	767,086	1,518,970	0	1,518,970	5.01
5.02	00560	9,694,597	26,127,106	35,821,703	338,606	36,160,309	5.02
6.00	00600	0	0	0	0	0	6.00
7.00	00700	770,475	2,248,784	3,019,259	-77	3,019,182	7.00
8.00	00800	32,520	410,887	443,407	0	443,407	8.00
9.00	00900	912,942	422,724	1,335,666	-402	1,335,264	9.00
10.00	01000	714,567	1,037,303	1,751,870	-1,333,968	417,902	10.00
11.00	01100	0	0	0	1,324,392	1,324,392	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,412,513	205,673	1,618,186	-269	1,617,917	13.00
14.00	01400	211,671	174,197	385,868	1,825	387,693	14.00
15.00	01500	1,204,381	5,951,967	7,156,348	-5,630,190	1,526,158	15.00
16.00	01600	1,264,484	1,142,558	2,407,042	-23	2,407,019	16.00
17.00	01700	376,713	16,181	392,894	0	392,894	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	217,508	217,508	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,118,535	741,870	6,860,405	659,843	7,520,248	30.00
31.00	03100	1,441,001	273,805	1,714,806	-202,768	1,512,038	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,549,208	578,270	3,127,478	-2,853,360	274,118	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,315,745	14,254,151	18,569,896	-11,372,792	7,197,104	50.00
51.00	05100	475,468	79,035	554,503	-60,965	493,538	51.00
52.00	05200	0	0	0	1,468,777	1,468,777	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	888,119	731,414	1,619,533	-6,600	1,612,933	53.01
54.00	05400	12,612,353	24,903,191	37,515,544	-13,071,717	24,443,827	54.00
55.00	05500	84,524	3,427	87,951	-358	87,593	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	909,482	2,722,464	3,631,946	-2,276,106	1,355,840	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,452,478	3,255,021	5,707,499	-856,609	4,850,890	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,102,589	179,259	1,281,848	-30,733	1,251,115	65.00
66.00	06600	1,690,328	348,788	2,039,116	-10,444	2,028,672	66.00
67.00	06700	407,431	15,149	422,580	-3,689	418,891	67.00
68.00	06800	296,082	16,110	312,192	-3,635	308,557	68.00
69.00	06900	72,548	81,687	154,235	-2,317	151,918	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	6,227,858	6,227,858	71.00
72.00	07200	0	0	0	10,511,865	10,511,865	72.00
73.00	07300	0	0	0	17,533,146	17,533,146	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	262,231	118,631	380,862	-5,325	375,537	90.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	0	1,485,022	1,485,022	-238,110	1,246,912	90.02
90.03	09003	MOBILE CLINIC	344,150	186,721	530,871	-40,333	490,538	90.03
91.00	09100	EMERGENCY	2,294,524	528,698	2,823,222	-302,941	2,520,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,596,558	190,709	1,787,267	-12,495	1,774,772	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	1,964,383	1,964,383	-1,964,383	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	686,493	793,990	1,480,483	-225,709	1,254,774	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,583,158	119,331,480	177,914,638	-589,197	177,325,441	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	879,456	462,228	1,341,684	-937	1,340,747	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	528,182	136,243	664,425	125	664,550	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	742,416	5,077,354	5,819,770	590,009	6,409,779	190.04
190.05	19005	PRIVATE DUTY	0	-1	-1	0	-1	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,271,470	1,271,470	0	1,271,470	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	60,733,212	126,278,774	187,011,986	0	187,011,986	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-477,349	5,202,970				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-571,332	6,408,656				2.00
3.00	00300	OTHER CAP REL COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	0	16,984,777				4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,518,970				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-7,227,225	28,933,084				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	0	3,019,182				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	443,407				8.00
9.00	00900	HOUSEKEEPING	0	1,335,264				9.00
10.00	01000	DIETARY	-68,073	349,829				10.00
11.00	01100	CAFETERIA	-917,304	407,088				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	1,617,917				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	387,693				14.00
15.00	01500	PHARMACY	0	1,526,158				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-54,425	2,352,594				16.00
17.00	01700	SOCIAL SERVICE	0	392,894				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM	-55,342	162,166				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,520,248				30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,512,038				31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	274,118	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	7,197,104	50.00
51.00	05100 RECOVERY ROOM	0	493,538	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,468,777	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
53.01	05301 PAIN MANAGEMENT	-1,408,810	204,123	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	-6,785,775	17,658,052	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	87,593	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0	1,355,840	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-851,906	3,998,984	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,251,115	65.00
66.00	06600 PHYSICAL THERAPY	-55	2,028,617	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	418,891	67.00
68.00	06800 SPEECH PATHOLOGY	0	308,557	68.00
69.00	06900 ELECTROCARDIOLOGY	0	151,918	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,227,858	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	10,511,865	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	17,533,146	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-5,527	370,010	90.00
90.01	09001 WOMEN'S CENTER	0	0	90.01
90.02	09002 WOUND CLINIC	-6,007	1,240,905	90.02
90.03	09003 MOBILE CLINIC	0	490,538	90.03
91.00	09100 EMERGENCY	0	2,520,281	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	1,774,772	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	1,254,774	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-18,429,130	158,896,311	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,340,747	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	664,550	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	6,409,779	190.04
190.05	19005	PRIVATE DUTY	0	-1	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,271,470	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.07
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-18,429,130	168,582,856	200.00

## COST CENTERS USED IN COST REPORT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet Non-CMS wo

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	00550		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	00560		5.02
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
53.01	PAIN MANAGEMENT	05301		53.01
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
56.01	CARDIAC CATH LAB	05601		56.01
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150026

Period:

From 01/01/2012  
To 12/31/2012

Worksheet Non-CMS wo

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.01	WOMEN'S CENTER	09001		90.01
90.02	WOUND CLINIC	09002		90.02
90.03	MOBILE CLINIC	09003		90.03
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	19001		190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19002		190.02
190.03	LIFELINE	19003		190.03
190.04	COMMUNITY RELATIONS	19004		190.04
190.05	PRIVATE DUTY	19005		190.05
190.06	PROFESSIONAL DEVELOPMENT	19006		190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19008		190.07
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	81,289		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,825		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,227,742		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,511,865		4.00
5.00	OTHER NR/CHP-GRANT I/COMMUNITY ED	190.01	0	125		5.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
32.00		0.00	0	0		32.00
TOTALS			0	16,822,846		
B - PHARMACY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	1		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,533,145		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
TOTALS			0	17,533,146		
C - DIETARY						
1.00	CAFETERIA	11.00	540,204	784,188		1.00
TOTALS			540,204	784,188		
D - CAPITAL INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	110,548		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	25,178		2.00
3.00		0.00	0	0		3.00
4.00	EMPLOYEE BENEFITS	4.00	0	278,581		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	812,663		5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,081		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	145,738		7.00
TOTALS			0	1,375,789		
E - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,964,383		1.00
2.00		0.00	0	0		2.00
TOTALS			0	1,964,383		



## RECLASSIFICATIONS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6

Date/Time Prepared:  
5/22/2013 11:41 am

		Increases				
Cost Center		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
<b>F - CAPITAL DEPRECIATION</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,976,907		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	6,976,907		
<b>G - CIRCLE OF CARE</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,006,173	130,323		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,300,351	168,426		2.00
	TOTALS		2,306,524	298,749		
<b>H - COMMUNITY HEALTH</b>						
1.00	COMMUNITY RELATIONS	190.04	565,201	246,315		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	116		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1		3.00
	TOTALS		565,201	246,432		
<b>I - EMT</b>						
1.00	PARAMED ED PRGM	23.00	118,119	99,389		1.00
	TOTALS		118,119	99,389		
500.00	Grand Total: Increases		3,530,048	46,101,829		500.00

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6

Date/Time Prepared:  
5/22/2013 11:41 am

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	608	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	77	0	2.00	
3.00	HOUSEKEEPING	9.00	0	376	0	3.00	
4.00	DIETARY	10.00	0	9,576	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	269	0	5.00	
7.00	PHARMACY	15.00	0	14,867	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	23	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	476,653	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	202,768	0	10.00	
11.00	NURSERY	43.00	0	248,087	0	11.00	
12.00	OPERATING ROOM	50.00	0	11,372,760	0	12.00	
13.00	RECOVERY ROOM	51.00	0	60,965	0	13.00	
14.00	PAIN MANAGEMENT	53.01	0	706	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	663,872	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	358	0	16.00	
17.00	CARDIAC CATH LAB	56.01	0	2,274,591	0	17.00	
18.00	LABORATORY	60.00	0	856,542	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	30,733	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	7,085	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	3,689	0	21.00	
22.00	SPEECH PATHOLOGY	68.00	0	3,635	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	1,845	0	23.00	
24.00	CLINIC	90.00	0	5,325	0	24.00	
25.00	WOUND CLINIC	90.02	0	234,044	0	25.00	
26.00	MOBILE CLINIC	90.03	0	550	0	26.00	
27.00	EMERGENCY	91.00	0	302,941	0	27.00	
28.00	HOME HEALTH AGENCY	101.00	0	9,777	0	28.00	
29.00	HOSPICE	116.00	0	35,193	0	29.00	
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	932	0	30.00	
32.00	COMMUNITY RELATIONS	190.04	0	3,999	0	32.00	
	TOTALS		0	16,822,846			
B - PHARMACY							
1.00	EMPLOYEE BENEFITS	4.00	0	19,028	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	HOUSEKEEPING	9.00	0	26	0	3.00	
4.00	PHARMACY	15.00	0	5,615,323	0	4.00	
5.00	OPERATING ROOM	50.00	0	32	0	5.00	
6.00	PAIN MANAGEMENT	53.01	0	5,894	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,650,342	0	7.00	
8.00	CARDIAC CATH LAB	56.01	0	1,515	0	8.00	
9.00	LABORATORY	60.00	0	67	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	3,359	0	10.00	
12.00	ELECTROCARDIOLOGY	69.00	0	472	0	12.00	
13.00	WOUND CLINIC	90.02	0	4,066	0	13.00	
14.00	MOBILE CLINIC	90.03	0	39,783	0	14.00	
15.00	HOME HEALTH AGENCY	101.00	0	2,718	0	15.00	
16.00	HOSPICE	116.00	0	190,516	0	16.00	
17.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5	0	17.00	
	TOTALS		0	17,533,146			
C - DIETARY							
1.00	DIETARY	10.00	540,204	784,188	0	1.00	
	TOTALS		540,204	784,188			
D - CAPITAL INSURANCE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	135,727	0	1.00	
2.00		0.00	0	0	12	2.00	
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	278,581	12	3.00	
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	812,663	12	4.00	
5.00	CAP REL COSTS-BLDG & FIXT	1.00	0	148,818	12	5.00	
6.00		0.00	0	0	12	6.00	
7.00		0.00	0	0	0	7.00	
	TOTALS		0	1,375,789			
E - CAPITAL INTEREST							
1.00		0.00	0	0	11	1.00	
2.00	INTEREST EXPENSE	113.00	0	1,964,383	0	2.00	
	TOTALS		0	1,964,383			
F - CAPITAL DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,355,131	9	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	621,776	0	2.00	
	TOTALS		0	6,976,907			

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Decreases						wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
G - CIRCLE OF CARE							
1.00	NURSERY	43.00	2,306,524	298,749	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,306,524	298,749			
H - COMMUNITY HEALTH							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	565,201	246,432	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		565,201	246,432			
I - EMT							
1.00	COMMUNITY RELATIONS	190.04	118,119	99,389	0		1.00
	TOTALS		118,119	99,389			
500.00	Grand Total: Decreases		3,530,048	46,101,829			500.00

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
<b>A - SUPPLIES</b>					
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.02		0 EMPLOYEE BENEFITS	4.00	0 1.00
2.00 CENTRAL SERVICES & SUPPLY	14.00		0 OPERATION OF PLANT	7.00	0 2.00
3.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0 HOUSEKEEPING	9.00	0 3.00
4.00 IMPL. DEV. CHARGED TO PATIENTS	72.00		0 DIETARY	10.00	0 4.00
5.00 OTHER NR/CHP-GRANT I/COMMUNITY ED	190.01		0 NURSING ADMINISTRATION	13.00	0 5.00
7.00	0.00		0 PHARMACY	15.00	0 7.00
8.00	0.00		0 MEDICAL RECORDS & LIBRARY	16.00	0 8.00
9.00	0.00		0 ADULTS & PEDIATRICS	30.00	0 9.00
10.00	0.00		0 INTENSIVE CARE UNIT	31.00	0 10.00
11.00	0.00		0 NURSERY	43.00	0 11.00
12.00	0.00		0 OPERATING ROOM	50.00	0 12.00
13.00	0.00		0 RECOVERY ROOM	51.00	0 13.00
14.00	0.00		0 PAIN MANAGEMENT	53.01	0 14.00
15.00	0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0 15.00
16.00	0.00		0 RADIOLOGY-THERAPEUTIC	55.00	0 16.00
17.00	0.00		0 CARDIAC CATH LAB	56.01	0 17.00
18.00	0.00		0 LABORATORY	60.00	0 18.00
19.00	0.00		0 RESPIRATORY THERAPY	65.00	0 19.00
20.00	0.00		0 PHYSICAL THERAPY	66.00	0 20.00
21.00	0.00		0 OCCUPATIONAL THERAPY	67.00	0 21.00
22.00	0.00		0 SPEECH PATHOLOGY	68.00	0 22.00
23.00	0.00		0 ELECTROCARDIOLOGY	69.00	0 23.00
24.00	0.00		0 CLINIC	90.00	0 24.00
25.00	0.00		0 WOUND CLINIC	90.02	0 25.00
26.00	0.00		0 MOBILE CLINIC	90.03	0 26.00
27.00	0.00		0 EMERGENCY	91.00	0 27.00
28.00	0.00		0 HOME HEALTH AGENCY	101.00	0 28.00
29.00	0.00		0 HOSPICE	116.00	0 29.00
30.00	0.00		0 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 30.00
32.00	0.00		0 COMMUNITY RELATIONS	190.04	0 32.00
TOTALS			0 TOTALS		0
<b>B - PHARMACY</b>					
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.02		0 EMPLOYEE BENEFITS	4.00	0 1.00
2.00 DRUGS CHARGED TO PATIENTS	73.00		0	0.00	0 2.00
3.00	0.00		0 HOUSEKEEPING	9.00	0 3.00
4.00	0.00		0 PHARMACY	15.00	0 4.00
5.00	0.00		0 OPERATING ROOM	50.00	0 5.00
6.00	0.00		0 PAIN MANAGEMENT	53.01	0 6.00
7.00	0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0 7.00
8.00	0.00		0 CARDIAC CATH LAB	56.01	0 8.00
9.00	0.00		0 LABORATORY	60.00	0 9.00
10.00	0.00		0 PHYSICAL THERAPY	66.00	0 10.00
12.00	0.00		0 ELECTROCARDIOLOGY	69.00	0 12.00
13.00	0.00		0 WOUND CLINIC	90.02	0 13.00
14.00	0.00		0 MOBILE CLINIC	90.03	0 14.00
15.00	0.00		0 HOME HEALTH AGENCY	101.00	0 15.00
16.00	0.00		0 HOSPICE	116.00	0 16.00
17.00	0.00		0 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 17.00
TOTALS			0 TOTALS		0
<b>C - DIETARY</b>					
1.00 CAFETERIA	11.00	540,204	DIETARY	10.00	540,204 1.00
TOTALS		540,204	TOTALS		540,204
<b>D - CAPITAL INSURANCE</b>					
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.02		0 RADIOLOGY-DIAGNOSTIC	54.00	0 1.00
2.00 CAP REL COSTS-BLDG & FIXT	1.00		0	0.00	0 2.00
3.00	0.00		0 CAP REL COSTS-BLDG & FIXT	1.00	0 3.00
4.00 EMPLOYEE BENEFITS	4.00		0 CAP REL COSTS-BLDG & FIXT	1.00	0 4.00
5.00 OTHER ADMINISTRATIVE AND GENERAL	5.02		0 CAP REL COSTS-BLDG & FIXT	1.00	0 5.00
6.00 CAP REL COSTS-MVBLE EQUIP	2.00		0	0.00	0 6.00
7.00 OTHER ADMINISTRATIVE AND GENERAL	5.02		0	0.00	0 7.00
TOTALS			0 TOTALS		0

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Period:  
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To 12/31/2012Worksheet A-6  
Non-CMS Worksheet  
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>E - CAPITAL INTEREST</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	0.00	0	1.00
2.00		0.00	0	INTEREST EXPENSE	113.00	2.00
	TOTALS		0	TOTALS	0	
<b>F - CAPITAL DEPRECIATION</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	2.00
	TOTALS		0	TOTALS	0	
<b>G - CIRCLE OF CARE</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,006,173	NURSERY	43.00	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,300,351		0.00	2.00
	TOTALS		2,306,524	TOTALS		2,306,524
<b>H - COMMUNITY HEALTH</b>						
1.00	COMMUNITY RELATIONS	190.04	565,201	OTHER ADMINISTRATIVE AND GENERAL	5.02	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0		0.00	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0		0.00	3.00
	TOTALS		565,201	TOTALS		565,201
<b>I - EMT</b>						
1.00	PARAMED ED PRGM	23.00	118,119	COMMUNITY RELATIONS	190.04	1.00
	TOTALS		118,119	TOTALS		118,119
500.00	Grand Total: Increases		3,530,048	Grand Total: Decreases		3,530,048

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Acquisitions				5/22/2013 11:41 am	
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,883,887	0	0	0	0	1.00
2.00	Land Improvements	2,988,795	0	0	0	0	2.00
3.00	Buildings and Fixtures	87,296,196	9,598,557	0	9,598,557	0	3.00
4.00	Building Improvements	113,748	0	0	0	0	4.00
5.00	Fixed Equipment	9,537,079	2,150,885	0	2,150,885	7,612	5.00
6.00	Movable Equipment	85,712,715	7,190,604	0	7,190,604	1,840,101	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	189,532,420	18,940,046	0	18,940,046	1,847,713	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	189,532,420	18,940,046	0	18,940,046	1,847,713	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,883,887	0				1.00
2.00	Land Improvements	2,988,795	227,424				2.00
3.00	Buildings and Fixtures	96,894,753	7,162,505				3.00
4.00	Building Improvements	113,748	76,800				4.00
5.00	Fixed Equipment	11,680,352	3,517,908				5.00
6.00	Movable Equipment	91,063,218	48,413,227				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	206,624,753	59,397,864				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	206,624,753	59,397,864				10.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,285,951	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,285,951	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	11,285,951				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,285,951				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	115,561,534	0	115,561,534	0.559282	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	91,063,218	0	91,063,218	0.440718	0	2.00
3.00	Total (sum of lines 1-2)	206,624,752	0	206,624,752	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,076,106	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,485,012	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,561,118	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,341,748	-1,214,884	0	0	5,202,970	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,079,437	3,081	0	0	6,408,656	2.00
3.00	Total (sum of lines 1-2)	1,262,311	-1,211,803	0	0	11,611,626	3.00



				Expense Classification on Worksheet A To/From which the Amount is to be Adjusted				
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	wkst. A-7 Ref.		
		1.00	2.00	3.00	4.00	5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,369,832	CAP REL COSTS-BLDG & FIXT	1.00		11 1.00	
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,079,437	CAP REL COSTS-MVBLE EQUIP	2.00		11 2.00	
3.00	Investment income - other (chapter 2)		0		0.00		0 3.00	
4.00	Trade, quantity, and time discounts (chapter 8)	B	-76,806	OTHER ADMINISTRATIVE AND GENERAL	5.02		0 4.00	
5.00	Refunds and rebates of expenses (chapter 8)	B	-601,281	OTHER ADMINISTRATIVE AND GENERAL	5.02		0 5.00	
6.00	Rental of provider space by suppliers (chapter 8)	B	-854,714	CAP REL COSTS-BLDG & FIXT	1.00		9 6.00	
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		0 7.00	
8.00	Television and radio service (chapter 21)		0		0.00		0 8.00	
9.00	Parking lot (chapter 21)		0		0.00		0 9.00	
10.00	Provider-based physician adjustment	A-8-2	-8,819,218				0 10.00	
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0 11.00	
12.00	Related organization transactions (chapter 10)	A-8-1	12,136,433				0 12.00	
13.00	Laundry and linen service		0		0.00		0 13.00	
14.00	Cafeteria-employees and guests	B	-917,304	CAFETERIA	11.00		0 14.00	
15.00	Rental of quarters to employee and others		0		0.00		0 15.00	
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00	
17.00	Sale of drugs to other than patients		0		0.00		0 17.00	
18.00	Sale of medical records and abstracts	B	-54,425	MEDICAL RECORDS & LIBRARY	16.00		0 18.00	
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00	
20.00	Vending machines		0		0.00		0 20.00	
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-232,643	OTHER ADMINISTRATIVE AND GENERAL	5.02		0 21.00	
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0 26.00	
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00	
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00	Physicians' assistant		0		0.00		0 29.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.00	
33.01	EMT CLASS TUITION	B	-55,342	PARAMED ED PRGM	23.00		0 33.01	
33.02	MISC RADIOLOGY REV	B	-674,956	RADIOLOGY-DIAGNOSTIC	54.00		0 33.02	
33.03	MISC A&G REVENUE	B	-18,721	OTHER ADMINISTRATIVE AND GENERAL	5.02		0 33.03	

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-8

Date/Time Prepared:  
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			Expense Classification on worksheet A To/From which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount				Wkst. A-7	Ref.
	1.00	2.00	3.00	4.00	5.00		
33.04 PERSONAL AUTO USAGE	A	-31,943	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	33.04
33.05 ALCOHOLIC BEVERAGE	A	-676	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	33.05
33.06 LOBBYING	A	-28,340	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	33.06
33.07 SHARED A&G EXPENSE	A	-1,176,736	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	33.07
33.08 PRIMECARE ASSESSMENT	A	-9,661,077	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	33.08
33.09		0		0.00		0	33.09
33.10 FOOD SERVICES REVENUE	B	-68,073	DIETARY	10.00		0	33.10
33.11 MISC LAB REV	B	-1,780	LABORATORY	60.00		0	33.11
33.12 OP REHAB MIDDLEBURY MISC INCOME	B	-55	PHYSICAL THERAPY	66.00		0	33.12
33.13 HAF OFFSET	B	-4,842,204	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	33.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-18,429,130					50.00

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
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Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,747,197	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	508,105	0 2.00
3.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ALLOCATION	9,881,131	0 3.00
4.00	0.00			0	0 4.00
5.00	0			12,136,433	0 5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

			Related Organization(s) and/or Home Office	
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	IU HEALTH	0.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME  
OFFICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
5/22/2013 11:41 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	1,747,197	11	1.00
2.00	508,105	9	2.00
3.00	9,881,131	0	3.00
4.00	0	0	4.00
5.00	12,136,433		5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

worksheet A-8-2

Date/Time Prepared:  
5/22/2013 11:41 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	726,260	102,603	623,657	171,400	3,499	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	138,463	0	138,463	171,400	1,831	2.00
3.00	53.01	PAIN MANAGEMENT	1,429,493	1,393,493	36,000	171,400	251	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	6,377,473	6,090,030	287,443	231,100	2,400	4.00
5.00	60.00	LABORATORY	875,126	850,126	25,000	219,500	676	5.00
6.00	90.00	CLINIC	13,438	0	13,438	171,400	96	6.00
7.00	90.02	WOUND CLINIC	24,960	0	24,960	171,400	230	7.00
8.00	91.00	EMERGENCY	30,000	0	30,000	171,400	836	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,615,213	8,436,252	1,178,961		9,819	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	288,331	14,417	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	150,881	7,544	0	0	0	2.00
3.00	53.01	PAIN MANAGEMENT	20,683	1,034	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	266,654	13,333	0	0	0	4.00
5.00	60.00	LABORATORY	71,338	3,567	0	0	0	5.00
6.00	90.00	CLINIC	7,911	396	0	0	0	6.00
7.00	90.02	WOUND CLINIC	18,953	948	0	0	0	7.00
8.00	91.00	EMERGENCY	68,890	3,445	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			893,641	44,684	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	288,331	335,326	437,929		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	150,881	0	0		2.00
3.00	53.01	PAIN MANAGEMENT	0	20,683	15,317	1,408,810		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	266,654	20,789	6,110,819		4.00
5.00	60.00	LABORATORY	0	71,338	0	850,126		5.00
6.00	90.00	CLINIC	0	7,911	5,527	5,527		6.00
7.00	90.02	WOUND CLINIC	0	18,953	6,007	6,007		7.00
8.00	91.00	EMERGENCY	0	68,890	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	893,641	382,966	8,819,218		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACC OUNTS RECEIVABLE	
			BLDG & FIXT	MVBLE EQUIP			
			0	1.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,202,970	5,202,970			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,408,656		6,408,656		2.00
4.00	00400	EMPLOYEE BENEFITS	16,984,777	65,226	6,401	17,056,404	4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,518,970	93,748	2,116	213,397	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	28,933,084	420,022	1,736,199	2,591,069	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,019,182	407,893	37,321	218,673	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	443,407	26,606	2,251	9,230	8.00
9.00	00900	HOUSEKEEPING	1,335,264	6,900	6,289	259,108	9.00
10.00	01000	DIETARY	349,829	27,024	2,597	49,487	10.00
11.00	01100	CAFETERIA	407,088	83,736	8,047	153,319	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,617,917	21,838	51,667	400,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	387,693	37,093	82,317	60,076	14.00
15.00	01500	PHARMACY	1,526,158	30,596	7,822	341,823	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,352,594	64,318	48,841	358,881	16.00
17.00	01700	SOCIAL SERVICE	392,894	9,291	1,727	106,917	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	162,166	3,241	0	33,524	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,520,248	537,682	133,881	2,022,106	30.00
31.00	03100	INTENSIVE CARE UNIT	1,512,038	143,474	189,125	408,979	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	274,118	18,626	9,339	68,878	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,197,104	662,560	1,682,569	1,224,877	50.00
51.00	05100	RECOVERY ROOM	493,538	45,664	14,532	134,945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,468,777	99,813	50,042	369,060	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	204,123	42,207	2,093	252,062	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,658,052	1,085,578	1,604,093	3,579,600	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	87,593	5,762	15,951	23,989	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	1,355,840	39,585	430,245	258,126	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	3,998,984	89,643	82,153	696,052	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,251,115	31,850	23,158	312,932	65.00
66.00	06600	PHYSICAL THERAPY	2,028,617	228,248	60,345	479,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	418,891	0	305	115,635	67.00
68.00	06800	SPEECH PATHOLOGY	308,557	0	0	84,033	68.00
69.00	06900	ELECTROCARDIOLOGY	151,918	6,972	4,326	20,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,227,858	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,511,865	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,533,146	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	
			Net Expenses for Cost Allocation (from wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	370,010	28,522	11,364	74,425	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	1,240,905	54,177	8,696	0	90.02
90.03	09003	MOBILE CLINIC	490,538	0	8,651	97,675	90.03
91.00	09100	EMERGENCY	2,520,281	353,745	49,073	651,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,774,772	36,920	6,181	453,129	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	1,254,774	36,906	0	194,838	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,896,311	4,845,466	6,379,717	16,319,294	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,340,747	231,964	11,461	249,604	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	664,550	66,407	0	149,907	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	8,523	0	190.03
190.04	19004	COMMUNITY RELATIONS	6,409,779	59,133	8,955	337,599	190.04
190.05	19005	PRIVATE DUTY	-1	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1,271,470	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	168,582,856	5,202,970	6,408,656	17,056,404	202.00
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
			5A.01	5.02	6.00	7.00	8.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	33,680,374	33,680,374	0	0	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,683,069	919,533	0	4,602,602	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	481,494	120,212	0	29,045	8.00
9.00	00900	HOUSEKEEPING	1,607,561	401,352	0	7,533	9.00
10.00	01000	DIETARY	428,937	107,091	0	29,501	10.00
11.00	01100	CAFETERIA	652,190	162,829	0	91,413	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,092,316	522,378	0	23,840	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	567,179	141,605	0	40,494	14.00
15.00	01500	PHARMACY	1,906,399	475,961	0	33,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,824,634	705,212	0	70,215	16.00
17.00	01700	SOCIAL SERVICE	510,829	127,536	0	10,143	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	198,931	49,666	0	3,538	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,359,348	2,586,367	0	586,976	145,213	30.00
31.00	03100	INTENSIVE CARE UNIT	2,283,575	570,129	0	156,628	57,098	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	378,471	94,491	0	20,333	5,537	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,956,438	2,735,439	0	723,302	91,277	50.00
51.00	05100	RECOVERY ROOM	703,869	175,731	0	49,850	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,009,363	501,668	0	108,963	29,666	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	507,470	126,697	0	46,076	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,325,863	6,073,260	0	1,185,104	126,502	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	134,279	33,525	0	6,290	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	2,135,586	533,181	0	43,214	2,813	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,986,849	1,245,042	0	97,861	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,644,716	410,628	0	34,769	0	65.00
66.00	06600	PHYSICAL THERAPY	2,824,423	705,160	0	249,173	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	542,912	135,546	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	396,863	99,083	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	199,362	49,774	0	7,611	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,306,084	1,574,408	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,606,520	2,648,077	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,005,523	4,495,349	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	492,114	122,864	0	31,137	0	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	1,320,549	329,695	0	59,144	0	90.02
90.03	09003	MOBILE CLINIC	598,772	149,492	0	0	0	90.03
91.00	09100	EMERGENCY	3,641,010	909,033	0	386,175	172,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,277,636	568,646	0	40,305	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	1,501,250	374,810	0	40,289	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	157,772,758	30,981,470	0	4,212,323	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,833,776	457,830	0	253,230	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	880,864	219,921	0	72,495	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.02
190.03	19003	LIFELINE	8,523	2,128	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	6,815,466	1,701,583	0	64,554	190.04
190.05	19005	PRIVATE DUTY	-1	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1,271,470	317,442	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	168,582,856	33,680,374	0	4,602,602	202.00
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	2,016,446				9.00
10.00	01000	DIETARY	13,028	578,557			10.00
11.00	01100	CAFETERIA	40,370	0	946,802		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,528	0	24,135	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,883	0	7,780	0	14.00
15.00	01500	PHARMACY	14,751	0	18,885	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,008	0	33,336	0	16.00
17.00	01700	SOCIAL SERVICE	4,479	0	9,041	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	1,563	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	259,220	514,253	176,789	0	30.00
31.00	03100	INTENSIVE CARE UNIT	69,170	64,304	28,384	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	8,980	0	5,776	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	319,424	0	94,306	0	50.00
51.00	05100	RECOVERY ROOM	22,015	0	8,743	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,120	0	30,949	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	20,348	0	7,521	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	523,367	0	186,737	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,778	0	1,736	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	19,084	0	15,160	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
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Date/Time Prepared:  
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	43,217	0	47,907	0	5,064	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,355	0	22,948	0	0	65.00
66.00	06600	PHYSICAL THERAPY	110,040	0	41,760	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,729	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,152	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,361	0	1,494	0	11,824	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,751	0	6,229	0	0	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	26,119	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	5,672	0	22,541	90.03
91.00	09100	EMERGENCY	170,542	0	50,185	0	308,374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	17,799	0	32,411	0	103,266	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	17,792	0	15,700	0	57,016	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,844,092	578,557	886,465	0	2,595,735	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111,831	0	22,050	0	47,914	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	32,015	0	11,800	0	29,422	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	28,508	0	26,487	0	126	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,016,446	578,557	946,802	0	2,673,197	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part I  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	774,941				14.00
15.00	01500	PHARMACY	1,363				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6	2,450,760	3,664,411		16.00
17.00	01700	SOCIAL SERVICE	43	0	0	662,071	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,569	0	291,513	465,341	30.00
31.00	03100	INTENSIVE CARE UNIT	8,588	0	60,052	51,669	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,134	0	15,054	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	469,191	0	379,503	0	50.00
51.00	05100	RECOVERY ROOM	2,455	0	30,448	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,075	0	43,439	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	111	0	14,001	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,544	0	798,862	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,973	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	84,899	0	103,811	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	70,811	0	240,572	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,055	0	51,438	0	65.00
66.00	06600	PHYSICAL THERAPY	553	0	55,065	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	216	0	16,198	0	67.00
68.00	06800	SPEECH PATHOLOGY	163	0	8,566	0	68.00
69.00	06900	ELECTROCARDIOLOGY	195	0	31,182	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	156,801	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	189,734	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,450,760	946,633	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	402	0	15,622	0	90.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	10,168	0	33,617	0	0	90.02
90.03	09003 MOBILE CLINIC	533	0	3,824	0	0	90.03
91.00	09100 EMERGENCY	13,693	0	133,674	145,061	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	719	0	13,298	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	18,940	0	29,531	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	774,426	2,450,760	3,664,411	662,071	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	335	0	0	0	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	3	0	0	0	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	177	0	0	0	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	774,941	2,450,760	3,664,411	662,071	0	202.00
<b>INTERNS &amp; RESIDENTS</b>							
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE						17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000 NURSING SCHOOL	0	0				20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM	
			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
23.00	02300	PARAMED ED PRGM	0	0	0	0	253,698	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	253,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	253,698	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	253,698	202.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		24.00	25.00	26.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	16,338,758	0	16,338,758		30.00
31.00	03100	INTENSIVE CARE UNIT	3,546,689	0	3,546,689		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	558,014	0	558,014		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	16,163,163	0	16,163,163		50.00
51.00	05100	RECOVERY ROOM	1,057,793	0	1,057,793		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,929,533	0	2,929,533		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PAIN MANAGEMENT	750,418	0	750,418		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,517,345	0	33,517,345		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	180,581	0	180,581		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	05601	CARDIAC CATH LAB	2,990,344	0	2,990,344		56.01

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	6,737,323	0	6,737,323	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,183,909	0	2,183,909	65.00
66.00	06600	PHYSICAL THERAPY	3,986,174	0	3,986,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	702,601	0	702,601	67.00
68.00	06800	SPEECH PATHOLOGY	509,827	0	509,827	68.00
69.00	06900	ELECTROCARDIOLOGY	304,803	0	304,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,037,293	0	8,037,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,444,331	0	13,444,331	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,898,265	0	25,898,265	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	682,119	0	682,119	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	90.01
90.02	09002	WOUND CLINIC	1,779,292	0	1,779,292	90.02
90.03	09003	MOBILE CLINIC	780,834	0	780,834	90.03
91.00	09100	EMERGENCY	6,184,090	0	6,184,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,054,080	0	3,054,080	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	2,055,328	0	2,055,328	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	154,372,907	0	154,372,907	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,726,966	0	2,726,966	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	1,246,520	0	1,246,520	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.02
190.03	19003	LIFELINE	10,651	0	10,651	190.03
190.04	19004	COMMUNITY RELATIONS	8,636,901	0	8,636,901	190.04
190.05	19005	PRIVATE DUTY	-1	0	-1	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1,588,912	0	1,588,912	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	168,582,856	0	168,582,856	202.00

Provider CCN: 150026

Period:  
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To 12/31/2012

Worksheet Non-CMS wo

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.02
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MAN HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM	23	ASSIGNED TIME	23.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			BLDG & FIXT	MBLE EQUIP			
		0	1.00	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	0	65,226	6,401	71,627	71,627 4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	93,748	2,116	95,864	896 5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	420,022	1,736,199	2,156,221	10,882 5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	0	407,893	37,321	445,214	918 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,606	2,251	28,857	39 8.00
9.00	00900	HOUSEKEEPING	0	6,900	6,289	13,189	1,088 9.00
10.00	01000	DIETARY	0	27,024	2,597	29,621	208 10.00
11.00	01100	CAFETERIA	0	83,736	8,047	91,783	644 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	21,838	51,667	73,505	1,684 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	37,093	82,317	119,410	252 14.00
15.00	01500	PHARMACY	0	30,596	7,822	38,418	1,436 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	64,318	48,841	113,159	1,507 16.00
17.00	01700	SOCIAL SERVICE	0	9,291	1,727	11,018	449 17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM	0	3,241	0	3,241	141 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	537,682	133,881	671,563	8,493 30.00
31.00	03100	INTENSIVE CARE UNIT	0	143,474	189,125	332,599	1,718 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	18,626	9,339	27,965	289 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	662,560	1,682,569	2,345,129	5,144 50.00
51.00	05100	RECOVERY ROOM	0	45,664	14,532	60,196	567 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	99,813	50,042	149,855	1,550 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0	42,207	2,093	44,300	1,059 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,085,578	1,604,093	2,689,671	15,026 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,762	15,951	21,713	101 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	05601	CARDIAC CATH LAB	0	39,585	430,245	469,830	1,084 56.01
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	89,643	82,153	171,796	2,923 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	31,850	23,158	55,008	1,314 65.00
66.00	06600	PHYSICAL THERAPY	0	228,248	60,345	288,593	2,015 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	305	305	486 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	353 68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,972	4,326	11,298	86 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00			
90.00	09000	CLINIC	0	28,522	11,364	39,886	313	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	0	54,177	8,696	62,873	0	90.02
90.03	09003	MOBILE CLINIC	0	0	8,651	8,651	410	90.03
91.00	09100	EMERGENCY	0	353,745	49,073	402,818	2,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	36,920	6,181	43,101	1,903	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	36,906	0	36,906	818	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,845,466	6,379,717	11,225,183	68,531	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	231,964	11,461	243,425	1,048	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	66,407	0	66,407	630	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	8,523	8,523	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	59,133	8,955	68,088	1,418	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,202,970	6,408,656	11,611,626	71,627	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
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5/22/2013 11:41 am

Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE	96,760					5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL	0	2,167,103				5.02
6.00	00600 MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700 OPERATION OF PLANT	0	59,165	0	505,297		7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	7,735	0	3,189	39,820	8.00
9.00	00900 HOUSEKEEPING	0	25,824	0	827	0	9.00
10.00	01000 DIETARY	0	6,890	0	3,239	0	10.00
11.00	01100 CAFETERIA	0	10,477	0	10,036	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	33,611	0	2,617	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	9,111	0	4,446	0	14.00
15.00	01500 PHARMACY	0	30,624	0	3,667	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	45,375	0	7,709	0	16.00
17.00	01700 SOCIAL SERVICE	0	8,206	0	1,114	0	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM	0	3,196	0	388	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	7,698	166,413	0	64,441	9,168	30.00
31.00	03100 INTENSIVE CARE UNIT	1,586	36,683	0	17,195	3,605	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	398	6,080	0	2,232	350	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	10,022	176,004	0	79,408	5,762	50.00
51.00	05100 RECOVERY ROOM	804	11,307	0	5,473	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,147	32,278	0	11,963	1,873	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	370	8,152	0	5,058	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,096	390,799	0	130,106	7,986	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	52	2,157	0	691	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	2,741	34,306	0	4,744	178	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	6,353	80,109	0	10,744	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,358	26,421	0	3,817	0	65.00
66.00	06600 PHYSICAL THERAPY	1,454	45,372	0	27,355	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	428	8,721	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	226	6,375	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	823	3,203	0	836	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,141	101,301	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,010	170,383	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,990	289,241	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	413	7,905	0	3,418	0	90.00
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	888	21,213	0	6,493	0	90.02

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
90.03	09003	MOBILE CLINIC	101	9,619	0	0	0	90.03
91.00	09100	EMERGENCY	3,530	58,489	0	42,396	10,898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	351	36,588	0	4,425	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	780	24,116	0	4,423	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,760	1,993,449	0	462,450	39,820	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,458	0	27,801	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	14,150	0	7,959	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	137	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	109,484	0	7,087	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,425	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	96,760	2,167,103	0	505,297	39,820	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	40,928				9.00
10.00	01000	DIETARY	264	40,222			10.00
11.00	01100	CAFETERIA	819	0	113,759		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	214	0	2,900	114,531	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	363	0	935	0	14.00
15.00	01500	PHARMACY	299	0	2,269	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	629	0	4,005	0	16.00
17.00	01700	SOCIAL SERVICE	91	0	1,086	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	32	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,261	35,751	21,241	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,404	4,471	3,410	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	182	0	694	1,210	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,483	0	11,331	0	50.00
51.00	05100	RECOVERY ROOM	447	0	1,050	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	977	0	3,719	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	413	0	904	1,208	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,625	0	22,437	10,459	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	56	0	209	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	387	0	1,822	2,253	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	877	0	5,756	217	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	312	0	2,757	0	65.00
66.00	06600	PHYSICAL THERAPY	2,233	0	5,017	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	929	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	619	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68	0	180	507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	279	0	748	0	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	530	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	682	966	90.03

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,462	0	6,030	0	13,212	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	361	0	3,894	0	4,424	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	361	0	1,886	0	2,443	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,429	40,222	106,510	0	111,212	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,270	0	2,649	0	2,053	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	650	0	1,418	0	1,261	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	579	0	3,182	0	5	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,928	40,222	113,759	0	114,531	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	134,517				14.00
15.00	01500	PHARMACY	237	76,950			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	172,385		16.00
17.00	01700	SOCIAL SERVICE	7	0	0	21,971	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,612	0	13,697	15,442	30.00
31.00	03100	INTENSIVE CARE UNIT	1,491	0	2,822	1,715	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	197	0	707	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	81,443	0	17,832	0	50.00
51.00	05100	RECOVERY ROOM	426	0	1,431	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,055	0	2,041	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	19	0	658	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,294	0	37,536	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	93	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	14,737	0	4,878	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	12,292	0	11,304	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	704	0	2,417	0	65.00
66.00	06600	PHYSICAL THERAPY	96	0	2,587	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37	0	761	0	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	402	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34	0	1,465	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,368	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,915	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	76,950	44,683	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	70	0	734	0	90.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	1,765	0	1,580	0	0	90.02
90.03	09003 MOBILE CLINIC	93	0	180	0	0	90.03
91.00	09100 EMERGENCY	2,377	0	6,281	4,814	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	125	0	625	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	3,288	0	1,388	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,428	76,950	172,385	21,971	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	58	0	0	0	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	31	0	0	0	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	134,517	76,950	172,385	21,971	0	202.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	02300	PARAMED ED PRGM					6,998 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
42.00	04200	SUBPROVIDER					42.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
46.00	04600	OTHER LONG TERM CARE					46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
53.01	05301	PAIN MANAGEMENT					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
56.01	05601	CARDIAC CATH LAB					56.01
57.00	05700	CT SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD LABORATORY					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.00	07500	ASC (NON-DISTINCT PART)					75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	WOMEN'S CENTER					90.01

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
90.02	09002	WOUND CLINIC						90.02
90.03	09003	MOBILE CLINIC						90.03
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED						190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN						190.02
190.03	19003	LIFELINE						190.03
190.04	19004	COMMUNITY RELATIONS						190.04
190.05	19005	PRIVATE DUTY						190.05
190.06	19006	PROFESSIONAL DEVELOPMENT						190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN						190.07
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	0	0	6,998	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	6,998	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE			5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL			5.02
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	1,063,503	0	1,063,503
31.00	03100	INTENSIVE CARE UNIT	417,143	0	417,143
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	40,304	0	40,304
44.00	04400	SKILLED NURSING FACILITY	0	0	0
45.00	04500	NURSING FACILITY	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	2,755,451	0	2,755,451
51.00	05100	RECOVERY ROOM	84,472	0	84,472
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,940	0	212,940
53.00	05300	ANESTHESIOLOGY	0	0	0
53.01	05301	PAIN MANAGEMENT	62,141	0	62,141
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,345,035	0	3,345,035
55.00	05500	RADIOLOGY-THERAPEUTIC	25,072	0	25,072
56.00	05600	RADIOISOTOPE	0	0	0
56.01	05601	CARDIAC CATH LAB	536,960	0	536,960
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	302,371	0	302,371
60.01	06001	BLOOD LABORATORY	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	94,108	0	94,108
66.00	06600	PHYSICAL THERAPY	374,722	0	374,722
67.00	06700	OCCUPATIONAL THERAPY	11,667	0	11,667
68.00	06800	SPEECH PATHOLOGY	8,003	0	8,003
69.00	06900	ELECTROCARDIOLOGY	18,500	0	18,500
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	112,810	0	112,810
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,308	0	184,308
73.00	07300	DRUGS CHARGED TO PATIENTS	435,864	0	435,864
74.00	07400	RENAL DIALYSIS	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	53,766	0	53,766

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.01	09001	WOMEN'S CENTER	0	0	0	90.01
90.02	09002	WOUND CLINIC	95,342	0	95,342	90.02
90.03	09003	MOBILE CLINIC	20,702	0	20,702	90.03
91.00	09100	EMERGENCY	557,042	0	557,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	95,797	0	95,797	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	76,409	0	76,409	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,984,432	0	10,984,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	308,762	0	308,762	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	92,475	0	92,475	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.02
190.03	19003	LIFELINE	8,660	0	8,660	190.03
190.04	19004	COMMUNITY RELATIONS	189,874	0	189,874	190.04
190.05	19005	PRIVATE DUTY	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	20,425	0	20,425	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	6,998	0	6,998	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,611,626	0	11,611,626	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5A.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	361,191				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,977,942			2.00
4.00	00400	EMPLOYEE BENEFITS	4,528	6,970	60,096,648		4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE	6,508	2,304	751,884	454,298,199	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	29,158	1,890,424	9,129,396	0	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	28,316	40,636	770,475	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,847	2,451	32,520	0	8.00
9.00	00900	HOUSEKEEPING	479	6,848	912,942	0	9.00
10.00	01000	DIETARY	1,876	2,828	174,363	0	10.00
11.00	01100	CAFETERIA	5,813	8,762	540,204	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,516	56,257	1,412,513	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,575	89,629	211,671	0	14.00
15.00	01500	PHARMACY	2,124	8,517	1,204,381	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,465	53,180	1,264,484	0	16.00
17.00	01700	SOCIAL SERVICE	645	1,880	376,713	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	225	0	118,119	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	37,326	145,774	7,124,708	36,141,008	30.00
31.00	03100	INTENSIVE CARE UNIT	9,960	205,925	1,441,001	7,445,089	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,293	10,169	242,684	1,866,305	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	45,995	1,832,034	4,315,745	47,049,663	50.00
51.00	05100	RECOVERY ROOM	3,170	15,823	475,468	3,774,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,929	54,487	1,300,351	5,385,481	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	2,930	2,279	888,119	1,735,780	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,361	1,746,587	12,612,353	99,040,664	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	400	17,368	84,524	244,551	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	2,748	468,464	909,482	12,870,255	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,223	89,451	2,452,478	29,825,398	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,211	25,215	1,102,589	6,377,103	65.00
66.00	06600	PHYSICAL THERAPY	15,845	65,706	1,690,328	6,826,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	332	407,431	2,008,126	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	296,082	1,061,934	68.00
69.00	06900	ELECTROCARDIOLOGY	484	4,710	72,548	3,865,853	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,439,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,522,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	117,355,870	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MOVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.02	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,980	12,374	262,231	1,936,711	0	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	3,761	9,468	0	4,167,719	0	90.02
90.03	09003	MOBILE CLINIC	0	9,419	344,150	474,131	0	90.03
91.00	09100	EMERGENCY	24,557	53,432	2,294,524	16,572,574	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,563	6,730	1,596,558	1,648,659	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,562	0	686,493	3,661,117	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	336,373	6,946,433	57,499,512	454,298,199	-33,680,374	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,103	12,479	879,456	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	4,610	0	528,182	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	9,280	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	4,105	9,750	1,189,498	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	1	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	5,202,970	6,408,656	17,056,404	1,828,231		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	14.405038	0.918416	0.283816	0.004024		203.00
204.00		Cost to be allocated (per wkst. B, Part II)			71,627	96,760		204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.001192	0.000213		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL	134,902,483					5.02
6.00	00600 MAINTENANCE & REPAIRS	0	320,997				6.00
7.00	00700 OPERATION OF PLANT	3,683,069	28,316	292,681			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	481,494	1,847	1,847	701,530		8.00
9.00	00900 HOUSEKEEPING	1,607,561	479	479	0	290,355	9.00
10.00	01000 DIETARY	428,937	1,876	1,876	0	1,876	10.00
11.00	01100 CAFETERIA	652,190	5,813	5,813	0	5,813	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	2,092,316	1,516	1,516	0	1,516	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	567,179	2,575	2,575	0	2,575	14.00
15.00	01500 PHARMACY	1,906,399	2,124	2,124	0	2,124	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	2,824,634	4,465	4,465	0	4,465	16.00
17.00	01700 SOCIAL SERVICE	510,829	645	645	0	645	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM	198,931	225	225	0	225	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	10,359,348	37,326	37,326	161,508	37,326	30.00
31.00	03100 INTENSIVE CARE UNIT	2,283,575	9,960	9,960	63,505	9,960	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	378,471	1,293	1,293	6,158	1,293	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	10,956,438	45,995	45,995	101,520	45,995	50.00
51.00	05100 RECOVERY ROOM	703,869	3,170	3,170	0	3,170	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,009,363	6,929	6,929	32,995	6,929	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	507,470	2,930	2,930	0	2,930	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,325,863	75,361	75,361	140,697	75,361	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	134,279	400	400	0	400	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	2,135,586	2,748	2,748	3,129	2,748	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	4,986,849	6,223	6,223	0	6,223	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,644,716	2,211	2,211	0	2,211	65.00
66.00	06600 PHYSICAL THERAPY	2,824,423	15,845	15,845	0	15,845	66.00
67.00	06700 OCCUPATIONAL THERAPY	542,912	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	396,863	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	199,362	484	484	0	484	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,306,084	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,606,520	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,005,523	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	492,114	1,980	1,980	0	1,980	90.00
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.02	6.00	7.00	8.00	9.00	
90.02	09002	WOUND CLINIC	1,320,549	3,761	3,761	0	3,761	90.02
90.03	09003	MOBILE CLINIC	598,772	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,641,010	24,557	24,557	192,018	24,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,277,636	2,563	2,563	0	2,563	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,501,250	2,562	2,562	0	2,562	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,092,384	296,179	267,863	701,530	265,537	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,833,776	16,103	16,103	0	16,103	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	880,864	4,610	4,610	0	4,610	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	8,523	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	6,815,466	4,105	4,105	0	4,105	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1,271,470	0	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	33,680,374	0	4,602,602	630,751	2,016,446	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.249665	0.000000	15.725660	0.899108	6.944761	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	2,167,103	0	505,297	39,820	40,928	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.016064	0.000000	1.726443	0.056762	0.140958	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	64,051				10.00
11.00	01100	CAFETERIA	0	1,634,316			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	41,660	0	489,902	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,429	0	0	14.00
15.00	01500	PHARMACY	0	32,599	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,543	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,606	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	56,932	305,163	0	169,917	30.00
31.00	03100	INTENSIVE CARE UNIT	7,119	48,995	0	36,120	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	9,970	0	5,175	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	162,786	0	72,258	50.00
51.00	05100	RECOVERY ROOM	0	15,091	0	11,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	53,423	0	27,726	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	12,982	0	5,167	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	322,331	0	44,736	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,997	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	26,169	0	9,639	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	82,694	0	928	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,612	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72,084	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,342	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,893	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,579	0	2,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	10,753	0	0	90.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	0	0	0	0	278,711	90.02
90.03	09003 MOBILE CLINIC	0	9,791	0	4,131	14,609	90.03
91.00	09100 EMERGENCY	0	86,627	0	56,514	375,308	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	55,946	0	18,925	19,705	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	27,101	0	10,449	519,128	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	64,051	1,530,166	0	475,706	21,226,474	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,061	0	8,781	9,194	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	20,368	0	5,392	71	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	0	45,721	0	23	4,840	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	578,557	946,802	0	2,673,197	774,941	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.032755	0.579326	0.000000	5.456595	0.036484	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	40,222	113,759	0	114,531	134,517	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.627968	0.069606	0.000000	0.233783	0.006333	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY	17,533,145					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	454,298,199				16.00
17.00	01700 SOCIAL SERVICE	0	0	6,125			17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300 PARAMED ED PRGM	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	0	36,141,008	4,305	0		30.00
31.00	03100 INTENSIVE CARE UNIT	0	7,445,089	478	0		31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200 SUBPROVIDER	0	0	0	0		42.00
43.00	04300 NURSERY	0	1,866,305	0	0		43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500 NURSING FACILITY	0	0	0	0		45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	47,049,663	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	3,774,873	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,385,481	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	1,735,780	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	99,040,664	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	244,551	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0	12,870,255	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	29,825,398	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,377,103	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	6,826,849	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,008,126	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,061,934	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,865,853	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,439,755	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,522,731	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,533,145	117,355,870	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,936,711	0	0	0	90.00
90.01	09001	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CLINIC	0	4,167,719	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	474,131	0	0	0	90.03
91.00	09100	EMERGENCY	0	16,572,574	1,342	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,648,659	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	3,661,117	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,533,145	454,298,199	6,125	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	2,450,760	3,664,411	662,071	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.139779	0.008066	108.093224	0.000000	0.000000	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	76,950	172,385	21,971	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004389	0.000379	3.587102	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		INTERNS & RESIDENTS				
		NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0	22.00
23.00	02300	PARAMED ED PRGM			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			INTERNS & RESIDENTS				
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	
			(ASSIGNED TIME)	Y & FRINGES (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	PRGM (ASSIGNED TIME)	
90.00	09000	CLINIC	20.00	21.00	22.00	23.00	
90.01	09001	WOMEN'S CENTER	0	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	90.01
90.03	09003	MOBILE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	90.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				100	91.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	94.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	96.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	98.00
99.10	09910	CORF	0	0	0	0	99.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	110.00
113.00	11300	INTEREST EXPENSE					111.00
114.00	11400	UTILIZATION REVIEW-SNF					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	114.00
116.00	11600	HOSPICE	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	100	116.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	118.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	190.00
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.01
190.03	19003	LIFELINE	0	0	0	0	190.02
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	190.03
190.05	19005	PRIVATE DUTY	0	0	0	0	190.04
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	190.05
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	190.07
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	192.00
200.00		Cross Foot Adjustments					193.00
201.00		Negative Cost Centers					200.00
202.00		Cost to be allocated (per wkst. B, Part I)	0	0	0	253,698	201.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.000000	0.000000	0.000000	2,536.980000	202.00
204.00		Cost to be allocated (per wkst. B, Part II)	0	0	0	6,998	203.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000000	0.000000	0.000000	69.980000	204.00
							205.00

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## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Costs		Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
Total Cost (from Wkst. B, Part I, col. 26)			Therapy Limit Adj.					
1.00			2.00	3.00	4.00	5.00	6.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,054,080	3,054,080		3,054,080	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,055,328	2,055,328		2,055,328	0	116.00
200.00		Subtotal (see instructions)	155,901,234	155,901,234	47,640	155,948,874	167,130,798	200.00
201.00		Less Observation Beds	1,528,327	1,528,327		1,528,327		201.00
202.00		Total (see instructions)	154,372,907	154,372,907	47,640	154,420,547	167,130,798	202.00
<b>Charges</b>								
Cost Center Description			Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			7.00	8.00	9.00	10.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS		30,023,304				30.00
31.00	03100	INTENSIVE CARE UNIT		7,445,089				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		1,866,305				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	29,099,603	47,049,663	0.343534	0.000000	0.343534	50.00
51.00	05100	RECOVERY ROOM	2,135,073	3,774,873	0.280219	0.000000	0.280219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,385,481	0.543969	0.000000	0.543969	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,735,780	1,735,780	0.432323	0.000000	0.441147	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,567,205	99,040,664	0.338420	0.000000	0.338630	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	242,344	244,551	0.738419	0.000000	0.738419	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	6,520,393	12,870,255	0.232345	0.000000	0.232345	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	18,878,925	29,825,398	0.225892	0.000000	0.225892	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,088,730	6,377,103	0.342461	0.000000	0.342461	65.00
66.00	06600	PHYSICAL THERAPY	5,594,045	6,826,849	0.583897	0.000000	0.583897	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,101,990	2,008,126	0.349879	0.000000	0.349879	67.00
68.00	06800	SPEECH PATHOLOGY	903,839	1,061,934	0.480093	0.000000	0.480093	68.00
69.00	06900	ELECTROCARDIOLOGY	2,773,651	3,865,853	0.078845	0.000000	0.078845	69.00



## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

					Title XVIII	Hospital	PPS	
Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,613,291	19,439,755	0.413446	0.000000	0.413446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,714	23,522,731	0.571546	0.000000	0.571546	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,597,666	117,355,870	0.220681	0.000000	0.220681	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	1,936,711	1,936,711	0.352205	0.000000	0.355059	90.00
90.01	09001	WOMEN'S CENTER	0	0	0.000000	0.000000	0.000000	90.01
90.02	09002	WOUND CLINIC	4,155,695	4,167,719	0.426922	0.000000	0.428364	90.02
90.03	09003	MOBILE CLINIC	474,131	474,131	1.646874	0.000000	1.646874	90.03
91.00	09100	EMERGENCY	13,632,135	16,572,574	0.373152	0.000000	0.373152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,117,704	6,117,704	0.249820	0.000000	0.249820	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	1,648,659	1,648,659				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	3,661,117	3,661,117				116.00
200.00		Subtotal (see instructions)	287,167,401	454,298,199				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	287,167,401	454,298,199				202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet C  
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Charges Inpatient
			1.00	2.00	3.00	4.00	5.00	6.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	16,338,758		16,338,758	0	0	30,023,304
31.00	03100	INTENSIVE CARE UNIT	3,546,689		3,546,689	0	0	7,445,089
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0	0
43.00	04300	NURSERY	558,014		558,014	0	0	1,866,305
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	16,163,163		16,163,163	0	0	17,950,060
51.00	05100	RECOVERY ROOM	1,057,793		1,057,793	0	0	1,639,800
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,929,533		2,929,533	0	0	5,385,481
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0
53.01	05301	PAIN MANAGEMENT	750,418		750,418	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,517,345		33,517,345	0	0	11,473,459
55.00	05500	RADIOLOGY-THERAPEUTIC	180,581		180,581	0	0	2,207
56.00	05600	RADIOISOTOPE	0		0	0	0	0
56.01	05601	CARDIAC CATH LAB	2,990,344		2,990,344	0	0	6,349,862
57.00	05700	CT SCAN	0		0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0
60.00	06000	LABORATORY	6,737,323		6,737,323	0	0	10,946,473
60.01	06001	BLOOD LABORATORY	0		0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,183,909	0	2,183,909	0	0	5,288,373
66.00	06600	PHYSICAL THERAPY	3,986,174	0	3,986,174	0	0	1,232,804
67.00	06700	OCCUPATIONAL THERAPY	702,601	0	702,601	0	0	906,136
68.00	06800	SPEECH PATHOLOGY	509,827	0	509,827	0	0	158,095
69.00	06900	ELECTROCARDIOLOGY	304,803		304,803	0	0	1,092,202
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,037,293		8,037,293	0	0	14,826,464
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,444,331		13,444,331	0	0	15,834,017
73.00	07300	DRUGS CHARGED TO PATIENTS	25,898,265		25,898,265	0	0	31,758,204
74.00	07400	RENAL DIALYSIS	0		0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0
90.00	09000	CLINIC	682,119		682,119	0	0	0
90.01	09001	WOMEN'S CENTER	0		0	0	0	0
90.02	09002	WOUND CLINIC	1,779,292		1,779,292	0	0	12,024
90.03	09003	MOBILE CLINIC	780,834		780,834	0	0	0
91.00	09100	EMERGENCY	6,184,090		6,184,090	0	0	2,940,439
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,528,327		1,528,327	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Charges Inpatient
			1.00	2.00	3.00	4.00	5.00	6.00
99.00	09900	CMHC	0		0		0	0
99.10	09910	CORF	0		0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	0
101.00	10100	HOME HEALTH AGENCY	3,054,080		3,054,080		0	0
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0		0	0
106.00	10600	HEART ACQUISITION	0		0		0	0
107.00	10700	LIVER ACQUISITION	0		0		0	0
108.00	10800	LUNG ACQUISITION	0		0		0	0
109.00	10900	PANCREAS ACQUISITION	0		0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0
111.00	11100	ISLET ACQUISITION	0		0		0	0
113.00	11300	INTEREST EXPENSE						
114.00	11400	UTILIZATION REVIEW-SNF						
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0
116.00	11600	HOSPICE	2,055,328		2,055,328		0	0
200.00		Subtotal (see instructions)	155,901,234	0	155,901,234	0	0	167,130,798
201.00		Less Observation Beds	1,528,327		1,528,327		0	0
202.00		Total (see instructions)	154,372,907	0	154,372,907	0	0	167,130,798
			Charges		Cost or Other Ratio		TEFRA Inpatient Ratio	
Cost Center Description			Outpatient	Total (col. 6 + col. 7)			PPS Inpatient Ratio	
			7.00	8.00	9.00	10.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS		30,023,304				30.00
31.00	03100	INTENSIVE CARE UNIT		7,445,089				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		1,866,305				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	29,099,603	47,049,663	0.343534	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,135,073	3,774,873	0.280219	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,385,481	0.543969	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,735,780	1,735,780	0.432323	0.000000	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,567,205	99,040,664	0.338420	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	242,344	244,551	0.738419	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	6,520,393	12,870,255	0.232345	0.000000	0.000000	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	18,878,925	29,825,398	0.225892	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,088,730	6,377,103	0.342461	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,594,045	6,826,849	0.583897	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,101,990	2,008,126	0.349879	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	903,839	1,061,934	0.480093	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,773,651	3,865,853	0.078845	0.000000	0.000000	69.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Charges		Cost or Other Ratio	Title XIX		Hospital		Cost	
			Outpatient	Total (col. 6 + col. 7)		TEFRA Inpatient Ratio		PPS Inpatient Ratio			
			7.00	8.00	9.00	10.00		11.00			
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000		0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,613,291	19,439,755	0.413446	0.000000		0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,714	23,522,731	0.571546	0.000000		0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,597,666	117,355,870	0.220681	0.000000		0.000000			73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000		0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000		0.000000			75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>											
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0.000000			89.00
90.00	09000	CLINIC	1,936,711	1,936,711	0.352205	0.000000		0.000000			90.00
90.01	09001	WOMEN'S CENTER	0	0	0.000000	0.000000		0.000000			90.01
90.02	09002	WOUND CLINIC	4,155,695	4,167,719	0.426922	0.000000		0.000000			90.02
90.03	09003	MOBILE CLINIC	474,131	474,131	1.646874	0.000000		0.000000			90.03
91.00	09100	EMERGENCY	13,632,135	16,572,574	0.373152	0.000000		0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,117,704	6,117,704	0.249820	0.000000		0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>											
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000		0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000		0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000		0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000		0.000000			97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000		0.000000			98.00
99.00	09900	CMHC	0	0							99.00
99.10	09910	CORF	0	0							99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0							100.00
101.00	10100	HOME HEALTH AGENCY	1,648,659	1,648,659							101.00
<b>SPECIAL PURPOSE COST CENTERS</b>											
105.00	10500	KIDNEY ACQUISITION	0	0							105.00
106.00	10600	HEART ACQUISITION	0	0							106.00
107.00	10700	LIVER ACQUISITION	0	0							107.00
108.00	10800	LUNG ACQUISITION	0	0							108.00
109.00	10900	PANCREAS ACQUISITION	0	0							109.00
110.00	11000	INTESTINAL ACQUISITION	0	0							110.00
111.00	11100	ISLET ACQUISITION	0	0							111.00
113.00	11300	INTEREST EXPENSE	0	0							113.00
114.00	11400	UTILIZATION REVIEW-SNF									114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0							115.00
116.00	11600	HOSPICE	3,661,117	3,661,117							116.00
200.00		Subtotal (see instructions)	287,167,401	454,298,199							200.00
201.00		Less Observation Beds									201.00
202.00		Total (see instructions)	287,167,401	454,298,199							202.00

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII		Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,063,503	0	1,063,503	19,457	54.66	30.00
31.00	INTENSIVE CARE UNIT	417,143		417,143	2,205	189.18	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	40,304		40,304	2,181	18.48	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,520,950		1,520,950	23,843		200.00
Cost Center Description		Inpatient Program		Inpatient Program			
		days	Capital Cost (col. 5 x col. 6)	days	Capital Cost (col. 5 x col. 6)		
		6.00	7.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,448	407,108				30.00
31.00	INTENSIVE CARE UNIT	878	166,100				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	8,326	573,208				200.00

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,755,451	47,049,663	0.058565	4,514,098	264,368	50.00
51.00	05100 RECOVERY ROOM	84,472	3,774,873	0.022377	573,509	12,833	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	212,940	5,385,481	0.039540	4,383	173	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	05301 PAIN MANAGEMENT	62,141	1,735,780	0.035800	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,345,035	99,040,664	0.033774	4,898,751	165,450	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	25,072	244,551	0.102523	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601 CARDIAC CATH LAB	536,960	12,870,255	0.041721	1,994,786	83,224	56.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	302,371	29,825,398	0.010138	5,064,746	51,346	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	94,108	6,377,103	0.014757	2,212,258	32,646	65.00
66.00	06600 PHYSICAL THERAPY	374,722	6,826,849	0.054889	675,886	37,099	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,667	2,008,126	0.005810	518,100	3,010	67.00
68.00	06800 SPEECH PATHOLOGY	8,003	1,061,934	0.007536	112,583	848	68.00
69.00	06900 ELECTROCARDIOLOGY	18,500	3,865,853	0.004785	781,662	3,740	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	112,810	19,439,755	0.005803	8,899,250	51,642	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	184,308	23,522,731	0.007835	6,603,484	51,738	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	435,864	117,355,870	0.003714	11,805,702	43,846	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	53,766	1,936,711	0.027761	0	0	90.00
90.01	09001 WOMEN'S CENTER	0	0	0.000000	0	0	90.01
90.02	09002 WOUND CLINIC	95,342	4,167,719	0.022876	0	0	90.02
90.03	09003 MOBILE CLINIC	20,702	474,131	0.043663	0	0	90.03
91.00	09100 EMERGENCY	557,042	16,572,574	0.033612	1,431,190	48,105	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	99,480	6,117,704	0.016261	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09500 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	9,390,756	409,653,725		50,090,388	850,068	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part III  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description			Title XVIII			Hospital	PPS		
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30-199)	0	0	0	0	0	200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
			6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	19,457	0.00	7,448	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,205	0.00	878	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00	
43.00	04300	NURSERY	2,181	0.00	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00	
200.00		Total (lines 30-199)	23,843		8,326	0	0	200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
			12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00
32.00	03200	CORONARY CARE UNIT	0	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	04000	SUBPROVIDER - IPF	0	0					40.00
41.00	04100	SUBPROVIDER - IRF	0	0					41.00
42.00	04200	SUBPROVIDER	0	0					42.00
43.00	04300	NURSERY	0	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0	0					44.00
45.00	04500	NURSING FACILITY	0	0					45.00
200.00		Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	Hospital All Other Medical Education Cost	PPS Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	253,698	0	253,698	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	253,698	0	253,698	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	47,049,663	0.000000	0.000000	4,514,098	50.00
51.00	05100 RECOVERY ROOM	0	3,774,873	0.000000	0.000000	573,509	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,385,481	0.000000	0.000000	4,383	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
53.01	05301 PAIN MANAGEMENT	0	1,735,780	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	99,040,664	0.000000	0.000000	4,898,751	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	244,551	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 CARDIAC CATH LAB	0	12,870,255	0.000000	0.000000	1,994,786	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	29,825,398	0.000000	0.000000	5,064,746	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,377,103	0.000000	0.000000	2,212,258	65.00
66.00	06600 PHYSICAL THERAPY	0	6,826,849	0.000000	0.000000	675,886	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,008,126	0.000000	0.000000	518,100	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,061,934	0.000000	0.000000	112,583	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,865,853	0.000000	0.000000	781,662	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,439,755	0.000000	0.000000	8,899,250	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,522,731	0.000000	0.000000	6,603,484	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	117,355,870	0.000000	0.000000	11,805,702	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,936,711	0.000000	0.000000	0	90.00
90.01	09001 WOMEN'S CENTER	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOUND CLINIC	0	4,167,719	0.000000	0.000000	0	90.02
90.03	09003 MOBILE CLINIC	0	474,131	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	253,698	16,572,574	0.015308	0.015308	1,431,190	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,117,704	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	253,698	409,653,725			50,090,388	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost		PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00		22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	5,658,281	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	572,371	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	409,228	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,476,933	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0	2,216,707	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	878,532	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	820,888	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,011	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,473,728	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,023,234	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,871,529	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,755,274	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	532,202	0	0	0	0	90.00
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	0	0	0	0	0	0	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	21,909	1,987,308	30,422	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,201,147	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	21,909	70,878,373	30,422	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
53.01	05301 PAIN MANAGEMENT	0	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
56.01	05601 CARDIAC CATH LAB	0	0		56.01
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 WOMEN'S CENTER	0	0		90.01
90.02	09002 WOUND CLINIC	0	0		90.02
90.03	09003 MOBILE CLINIC	0	0		90.03
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part V  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Charges		Costs		PPS Services	
		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.343534	5,658,281	0	0	1,943,812	50.00
51.00	05100 RECOVERY ROOM	0.280219	572,371	0	0	160,389	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.543969	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0.432323	409,228	0	0	176,919	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.338420	20,476,933	0	0	6,929,804	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.738419	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0.232345	2,216,707	0	0	515,041	56.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.225892	878,532	0	0	198,453	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.342461	820,888	0	0	281,122	65.00
66.00	06600 PHYSICAL THERAPY	0.583897	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.349879	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.480093	1,011	0	0	485	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078845	2,473,728	0	0	195,041	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413446	4,023,234	0	0	1,663,390	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.571546	1,871,529	0	0	1,069,665	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220681	26,755,274	0	39,787	5,904,381	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.352205	532,202	0	0	187,444	90.00
90.01	09001 WOMEN'S CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	0.426922	0	0	0	0	90.02
90.03	09003 MOBILE CLINIC	1.646874	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.373152	1,987,308	0	0	741,568	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.249820	2,201,147	0	0	549,891	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		70,878,373	0	39,787	20,517,405	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		70,878,373	0	39,787	20,517,405	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet D  
Part V  
Date/Time Prepared:  
5/22/2013 11:41 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	CARDIAC CATH LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,780		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOMEN'S CENTER	0	0		90.01
90.02	09002	WOUND CLINIC	0	0		90.02
90.03	09003	MOBILE CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	0	8,780		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	8,780		202.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>					
<b>INPATIENT DAYS</b>					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			8,015	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			9,622	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			7,448	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
<b>SWING BED ADJUSTMENT</b>					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			16,338,758	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			16,338,758	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>					
28.00	General inpatient routine service charges (excluding swing-bed charges)			39,334,697	28.00
29.00	Private room charges (excluding swing-bed charges)			15,456,092	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			23,878,605	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.415378	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,928.40	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,481.67	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			16,338,758	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>					
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			839.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,254,384	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			6,254,384	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	<b>Intensive Care Type Inpatient Hospital Units</b>					
43.00	INTENSIVE CARE UNIT	3,546,689	2,205	1,608.48	878	1,412,245
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	<b>Cost Center Description</b>					1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					17,022,378
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,689,007
	<b>PASS THROUGH COST ADJUSTMENTS</b>					
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					573,208
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					871,977
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,445,185
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,243,822
	<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable inpatient cost plus incentive payment (see instructions)					0
	<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>					
87.00	Total observation bed days (see instructions)					1,820
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					839.74
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,528,327

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
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Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Hospital Total Observation Bed Cost (from line 89)	PPS Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	1,063,503	16,338,758	0.065091	1,528,327	99,480	90.00
91.00	Nursing School cost	0	16,338,758	0.000000	1,528,327	0	91.00
92.00	Allied health cost	0	16,338,758	0.000000	1,528,327	0	92.00
93.00	All other Medical Education	0	16,338,758	0.000000	1,528,327	0	93.00



## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
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Title XIX		Hospital	Cost	
Cost Center Description			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		8,023	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,614	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,226	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,181	15.00
16.00	Nursery days (title V or XIX only)		392	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,338,758	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		16,338,758	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		36,199,485	28.00
29.00	Private room charges (excluding swing-bed charges)		14,729,296	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		21,470,189	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.451353	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,835.88	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,233.22	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,338,758	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		839.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,029,521	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,029,521	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
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Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title v & XIX only)	558,014	2,181	255.85	392	100,293	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	3,546,689	2,205	1,608.48	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					2,431,734	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,561,548	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					1,820	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					839.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,528,327	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
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Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-3

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		12,671,079		30.00
31.00	03100 INTENSIVE CARE UNIT		3,580,063		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.343534	4,514,098	1,550,746	50.00
51.00	05100 RECOVERY ROOM	0.280219	573,509	160,708	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.543969	4,383	2,384	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0.441147	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.338630	4,898,751	1,658,864	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.738419	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0.232345	1,994,786	463,479	56.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.225892	5,064,746	1,144,086	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.342461	2,212,258	757,612	65.00
66.00	06600 PHYSICAL THERAPY	0.583897	675,886	394,648	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.349879	518,100	181,272	67.00
68.00	06800 SPEECH PATHOLOGY	0.480093	112,583	54,050	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078845	781,662	61,630	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413446	8,899,250	3,679,359	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.571546	6,603,484	3,774,195	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220681	11,805,702	2,605,294	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.355059	0	0	90.00
90.01	09001 WOMEN'S CENTER	0.000000	0	0	90.01
90.02	09002 WOUND CLINIC	0.428364	0	0	90.02
90.03	09003 MOBILE CLINIC	1.646874	0	0	90.03
91.00	09100 EMERGENCY	0.373152	1,431,190	534,051	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.249820	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		50,090,388	17,022,378	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		50,090,388		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-3

Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		1,747,850		30.00
31.00	03100 INTENSIVE CARE UNIT		126,286		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		117,145		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.343534	903,166	310,268	50.00
51.00	05100 RECOVERY ROOM	0.280219	86,464	24,229	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.543969	627,685	341,441	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0.432323	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.338420	1,607,671	544,068	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.738419	86	64	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0.232345	103,367	24,017	56.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.225892	717,133	161,995	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.342461	156,645	53,645	65.00
66.00	06600 PHYSICAL THERAPY	0.583897	219,637	128,245	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.349879	47,736	16,702	67.00
68.00	06800 SPEECH PATHOLOGY	0.480093	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078845	64,793	5,109	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413446	654,862	270,750	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.571546	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220681	892,997	197,067	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.352205	0	0	90.00
90.01	09001 WOMEN'S CENTER	0.000000	0	0	90.01
90.02	09002 WOUND CLINIC	0.426922	0	0	90.02
90.03	09003 MOBILE CLINIC	1.646874	0	0	90.03
91.00	09100 EMERGENCY	0.373152	949,035	354,134	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.249820	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		7,031,277	2,431,734	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		7,031,277		202.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet E  
Part A  
Date/Time Prepared:  
5/22/2013 11:41 am

Title XVIII		Hospital	PPS
			1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>			
1.00	DRG Amounts Other than Outlier Payments	15,073,545	1.00
2.00	Outlier payments for discharges. (see instructions)	1,085,148	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	118.03	4.00
<b>Indirect Medical Education Adjustment</b>			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)	0	29.00
<b>Disproportionate Share Adjustment</b>			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.46	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	18.94	31.00
32.00	Sum of lines 30 and 31	21.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)	6.87	33.00
34.00	Disproportionate share adjustment (see instructions)	1,035,553	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>			
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	17,194,246	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	17,194,246	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	1,334,498	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	4,777	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)	0	56.00
57.00	Routine service other pass through costs (from wkst D, Part III, column 9, lines 30-35).	0	57.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet E  
Part A  
Date/Time Prepared:  
5/22/2013 11:41 am

		Title XVIII	Hospital	PPS	
				1.00	
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			21,909	58.00
59.00	Total (sum of amounts on lines 49 through 58)			18,555,430	59.00
60.00	Primary payer payments			18,417	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			18,537,013	61.00
62.00	Deductibles billed to program beneficiaries			1,840,956	62.00
63.00	Coinsurance billed to program beneficiaries			23,698	63.00
64.00	Allowable bad debts (see instructions)			-37,407	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			-26,185	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-85,167	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,646,174	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.93	HVBP incentive payment (see instructions)			-1,005	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-1,987	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low Volume Payment-1			0	70.96
70.97	Low Volume Payment-2			0	70.97
70.98	Low Volume Payment-3			0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			16,643,182	71.00
72.00	Interim payments			16,943,557	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-300,375	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,679,193	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the Time Value of Money			0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)			0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0	96.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet E  
Part B  
Date/Time Prepared:  
5/22/2013 11:41 am

Title XVIII		Hospital	PPS
			1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>			
1.00	Medical and other services (see instructions)	8,780	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,486,983	2.00
3.00	PPS payments	14,902,898	3.00
4.00	Outlier payment (see instructions)	159,062	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.830	5.00
6.00	Line 2 times line 5	17,004,196	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	88.58	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	30,422	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,780	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>Reasonable charges</b>			
12.00	Ancillary service charges	39,787	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	39,787	14.00
<b>Customary charges</b>			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	39,787	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	31,007	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	8,780	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	15,092,382	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)	3,234,204	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	11,866,958	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	11,866,958	30.00
31.00	Primary payer payments	2,043	31.00
32.00	Subtotal (line 30 minus line 31)	11,864,915	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
33.00	Composite rate ESRD (from worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	175,692	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	122,984	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	98,865	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	11,987,899	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	11,987,899	40.00
41.00	Interim payments	12,132,496	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	-144,597	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
<b>WORKSHEET OVERRIDE VALUES</b>			
112.00	Override of Ancillary service charges (line 12)		0 112.00



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet E-1  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,907,157		12,079,096	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	08/28/2012	36,400	08/28/2012	53,400	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		36,400		53,400	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,943,557		12,132,496	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		300,375		144,597	6.02
7.00	Total Medicare program liability (see instructions)		16,643,182		11,987,899	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet E-1  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Title XVIII

Hospital

PPS

1.00

## TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

## HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14	7,475	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12	8,326	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2	1,984	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	19,842	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200	454,298,199	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20	9,878,581	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,734,285	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	2,092,967	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)	-358,682	32.00
Overrides			
1.00			
CONTRACTOR OVERRIDES			
108.00	Override of HIT payment	0	108.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet E-3  
Part VII  
Date/Time Prepared:  
5/22/2013 11:41 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,561,548		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,561,548	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,561,548	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
8.00	Routine service charges		1,991,281		8.00
9.00	Ancillary service charges		7,031,277	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		9,022,558	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		9,022,558	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,461,010	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,561,548	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title v or XIX PPS covered services only)		0	0	28.00
29.00	Titles v or XIX (sum of lines 21 and 27)		3,561,548	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,561,548	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,561,548	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		3,561,548	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,561,548	0	40.00
41.00	Interim payments		4,630,361	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-1,068,813	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G

Date/Time Prepared:  
5/22/2013 11:41 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>					
1.00 Cash on hand in banks	24,274,389	0	0	0	1.00
2.00 Temporary investments	12,303,404	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	75,481,450	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-44,855,126	0	0	0	6.00
7.00 Inventory	6,005,926	0	0	0	7.00
8.00 Prepaid expenses	4,231,293	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	77,441,336	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	3,883,887	0	0	0	12.00
13.00 Land improvements	2,988,795	0	0	0	13.00
14.00 Accumulated depreciation	-1,290,763	0	0	0	14.00
15.00 Buildings	97,159,464	0	0	0	15.00
16.00 Accumulated depreciation	-29,385,176	0	0	0	16.00
17.00 Leasehold improvements	113,748	0	0	0	17.00
18.00 Accumulated depreciation	-101,843	0	0	0	18.00
19.00 Fixed equipment	11,680,352	0	0	0	19.00
20.00 Accumulated depreciation	-6,288,378	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	93,321,110	0	0	0	23.00
24.00 Accumulated depreciation	-69,532,444	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	102,548,752	0	0	0	30.00
<b>OTHER ASSETS</b>					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	73,269,612	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	73,269,612	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	253,259,700	0	0	0	36.00
<b>CURRENT LIABILITIES</b>					
37.00 Accounts payable	8,637,580	0	0	0	37.00
38.00 Salaries, wages, and fees payable	10,198,084	0	0	0	38.00
39.00 Payroll taxes payable	408,005	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	4,984,632	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	24,228,301	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	43,931,115	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	43,931,115	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	68,159,416	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	185,100,284	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	185,100,284	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	253,259,700	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G-1

Date/Time Prepared:  
5/22/2013 11:41 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		138,163,948		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		46,866,098				2.00
3.00	Total (sum of line 1 and line 2)		185,030,046		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		185,030,046		0		11.00
12.00	CHANGE FROM PRIOR YEAR	-70,236		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-70,236		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		185,100,282		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	CHANGE FROM PRIOR YEAR		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Inpatient 1.00	Outpatient 2.00	Total 3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	27,235,427		27,235,427	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,235,427		27,235,427	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	7,209,422		7,209,422	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,209,422		7,209,422	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,444,849		34,444,849	17.00
18.00	Ancillary services	119,021,199	266,012,283	385,033,482	18.00
19.00	Outpatient services	4,240,083	24,488,924	28,729,007	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,648,659	1,648,659	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	3,661,117	3,661,117	26.00
27.00	NURSERY	10,697,320	10,839,569	21,536,889	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	168,403,451	306,650,552	475,054,003	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		187,011,986		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		187,011,986		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G-3

Date/Time Prepared:  
5/22/2013 11:41 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	475,054,003	1.00
2.00	Less contractual allowances and discounts on patients' accounts	254,732,279	2.00
3.00	Net patient revenues (line 1 minus line 2)	220,321,724	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	187,011,986	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,309,738	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,449,269	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	76,806	10.00
11.00	Rebates and refunds of expenses	601,281	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	917,304	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	54,425	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	854,714	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON-OPER REVENUE	8,602,561	24.00
25.00	Total other income (sum of lines 6-24)	13,556,360	25.00
26.00	Total (line 5 plus line 25)	46,866,098	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	46,866,098	29.00

## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet H

HHA CCN: 157174

Date/Time Prepared:  
5/22/2013 11:41 am

					Home Health Agency I	PPS		
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		1,176	1,176	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	43,057	43,057	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	73,282	0	61,397	1,854	69,775	206,308	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	919,617	0	0	0	0	919,617	6.00
7.00	Physical Therapy	222,241	0	0	0	0	222,241	7.00
8.00	Occupational Therapy	77,593	0	0	0	0	77,593	8.00
9.00	Speech Pathology	29,217	0	0	0	0	29,217	9.00
10.00	Medical Social Services	158,219	0	0	0	0	158,219	10.00
11.00	Home Health Aide	116,389	0	0	0	0	116,389	11.00
12.00	Supplies (see instructions)	0	0	0	0	10,732	10,732	12.00
13.00	Drugs	0	0	0	0	2,718	2,718	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,596,558	0	61,397	1,854	127,458	1,787,267	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	1,176	0	1,176			2.00
3.00	Plant Operation & Maintenance	0	43,057	0	43,057			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	206,308	0	206,308			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	919,617	0	919,617			6.00
7.00	Physical Therapy	0	222,241	0	222,241			7.00
8.00	Occupational Therapy	0	77,593	0	77,593			8.00
9.00	Speech Pathology	0	29,217	0	29,217			9.00
10.00	Medical Social Services	0	158,219	0	158,219			10.00
11.00	Home Health Aide	0	116,389	0	116,389			11.00
12.00	Supplies (see instructions)	-9,777	955	0	955			12.00
13.00	Drugs	-2,718	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-12,495	1,774,772	0	1,774,772			24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.



COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150026

Period:

Worksheet H-1

HHA CCN: 157174

From 01/01/2012  
To 12/31/2012Part I  
Date/Time Prepared:

5/22/2013 11:41 am

Home Health  
Agency I

PPS

		Net Expenses for Cost Allocation (from wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	1,176		1,176			0	2.00
3.00	Plant Operation & Maintenance	43,057	0	0	43,057		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	206,308	0	1,176	43,057	0	250,541	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	919,617	0	0	0	0	919,617	6.00
7.00	Physical Therapy	222,241	0	0	0	0	222,241	7.00
8.00	Occupational Therapy	77,593	0	0	0	0	77,593	8.00
9.00	Speech Pathology	29,217	0	0	0	0	29,217	9.00
10.00	Medical Social Services	158,219	0	0	0	0	158,219	10.00
11.00	Home Health Aide	116,389	0	0	0	0	116,389	11.00
12.00	Supplies (see instructions)	955	0	0	0	0	955	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,774,772	0	1,176	43,057	0	1,774,772	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	250,541						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	151,160	1,070,777					6.00
7.00	Physical Therapy	36,530	258,771					7.00
8.00	Occupational Therapy	12,754	90,347					8.00
9.00	Speech Pathology	4,802	34,019					9.00
10.00	Medical Social Services	26,007	184,226					10.00
11.00	Home Health Aide	19,131	135,520					11.00
12.00	Supplies (see instructions)	157	1,112					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
24.00	Total (sum of lines 1-23)		1,774,772					24.00

## COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet H-1  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

HHA CCN: 157174

Home Health  
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 Capital Related - Bldg. & Fixtures	2,563				0		1.00
2.00 Capital Related - Movable Equipment		6,730			0		2.00
3.00 Plant Operation & Maintenance	0	0	2,563		0		3.00
4.00 Transportation (see instructions)	0	0	0	103,799			4.00
5.00 Administrative and General	2,563	6,730	2,563	2,352	-250,541	1,524,231	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00 Skilled Nursing Care	0	0	0	59,973	0	919,617	6.00
7.00 Physical Therapy	0	0	0	12,018	0	222,241	7.00
8.00 Occupational Therapy	0	0	0	4,842	0	77,593	8.00
9.00 Speech Pathology	0	0	0	1,319	0	29,217	9.00
10.00 Medical Social Services	0	0	0	3,573	0	158,219	10.00
11.00 Home Health Aide	0	0	0	19,722	0	116,389	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	955	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	2,563	6,730	2,563	103,799	-250,541	1,524,231	24.00
25.00 Cost To Be Allocated (per Worksheet H-1, Part I)	0	1,176	43,057	0		250,541	25.00
26.00 Unit Cost Multiplier	0.000000	0.174740	16.799454	0.000000		0.164372	26.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026

Period:

Worksheet H-2

HHA CCN: 157174

From 01/01/2012  
To 12/31/2012Part I  
Date/Time Prepared:  
5/22/2013 11:41 amHome Health  
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5A.01	
1.00	Administrative and General	0	36,920	6,181	20,799	6,634	70,534	1.00
2.00	Skilled Nursing Care	1,070,777	0	0	261,002	0	1,331,779	2.00
3.00	Physical Therapy	258,771	0	0	63,076	0	321,847	3.00
4.00	Occupational Therapy	90,347	0	0	22,022	0	112,369	4.00
5.00	Speech Pathology	34,019	0	0	8,292	0	42,311	5.00
6.00	Medical Social Services	184,226	0	0	44,905	0	229,131	6.00
7.00	Home Health Aide	135,520	0	0	33,033	0	168,553	7.00
8.00	Supplies (see instructions)	1,112	0	0	0	0	1,112	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,774,772	36,920	6,181	453,129	6,634	2,277,636	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.02	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	17,610	0	40,305	0	17,799	0	1.00
2.00	Skilled Nursing Care	332,497	0	0	0	0	0	2.00
3.00	Physical Therapy	80,354	0	0	0	0	0	3.00
4.00	Occupational Therapy	28,055	0	0	0	0	0	4.00
5.00	Speech Pathology	10,564	0	0	0	0	0	5.00
6.00	Medical Social Services	57,206	0	0	0	0	0	6.00
7.00	Home Health Aide	42,082	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	278	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	568,646	0	40,305	0	17,799	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026

Period:

Worksheet H-2

HHA CCN: 157174

From 01/01/2012  
To 12/31/2012Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	Home Health Agency I PHARMACY	MEDICAL RECORDS & LIBRARY	PPS
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	32,411	0	0	0	0	13,298	1.00
2.00	Skilled Nursing Care	0	0	103,266	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	719	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	32,411	0	103,266	719	0	13,298	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00	18.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet H-2  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am  
PPS

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Home Health Agency I Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	191,957	0	191,957			1.00
2.00	Skilled Nursing Care	0	1,767,542	0	1,767,542	118,546	1,886,088	2.00
3.00	Physical Therapy	0	402,201	0	402,201	26,975	429,176	3.00
4.00	Occupational Therapy	0	140,424	0	140,424	9,418	149,842	4.00
5.00	Speech Pathology	0	52,875	0	52,875	3,546	56,421	5.00
6.00	Medical Social Services	0	286,337	0	286,337	19,204	305,541	6.00
7.00	Home Health Aide	0	210,635	0	210,635	14,127	224,762	7.00
8.00	Supplies (see instructions)	0	2,109	0	2,109	141	2,250	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	3,054,080	0	3,054,080	191,957	3,054,080	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.067068		21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet H-2  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

HHA CCN: 157174

Home Health  
Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MYBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00	5.01	5A.02	5.02	
1.00 Administrative and General	2,563	6,730	73,282	1,648,659	0	70,534	1.00
2.00 Skilled Nursing Care	0	0	919,617	0	0	1,331,779	2.00
3.00 Physical Therapy	0	0	222,241	0	0	321,847	3.00
4.00 Occupational Therapy	0	0	77,593	0	0	112,369	4.00
5.00 Speech Pathology	0	0	29,217	0	0	42,311	5.00
6.00 Medical Social Services	0	0	158,219	0	0	229,131	6.00
7.00 Home Health Aide	0	0	116,389	0	0	168,553	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	1,112	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,563	6,730	1,596,558	1,648,659		2,277,636	20.00
21.00 Total cost to be allocated	36,920	6,181	453,129	6,634		568,646	21.00
22.00 Unit cost multiplier	14.404994	0.918425	0.283816	0.004024		0.249665	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	2,563	2,563	0	2,563	0	55,946	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,563	2,563	0	2,563	0	55,946	20.00
21.00 Total cost to be allocated	0	40,305	0	17,799	0	32,411	21.00
22.00 Unit cost multiplier	0.000000	15.725712	0.000000	6.944596	0.000000	0.579326	22.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:

From 01/01/2012  
To 12/31/2012

Worksheet H-2

Part II

Date/Time Prepared:

5/22/2013 11:41 am

Home Health  
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	1,648,659	0	1.00
2.00	Skilled Nursing Care	0	18,925	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	19,705	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	18,925	19,705	0	1,648,659	0	20.00
21.00	Total cost to be allocated	0	103,266	719	0	13,298	0	21.00
22.00	Unit cost multiplier	0.000000	5.456592	0.036488	0.000000	0.008066	0.000000	22.00
Cost Center Description		OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
		18.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150026

Period:

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HHA CCN: 157174

From 01/01/2012

Part I

To 12/31/2012

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Cost Center Description	From, wkst. H-2, Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

## PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

## Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	1,886,088		1,886,088	5,757	327.62	1.00
2.00	Physical Therapy	3.00	429,176	0	429,176	2,307	186.03	2.00
3.00	Occupational Therapy	4.00	149,842	0	149,842	679	220.68	3.00
4.00	Speech Pathology	5.00	56,421	0	56,421	156	361.67	4.00
5.00	Medical Social Services	6.00	305,541		305,541	139	2,198.14	5.00
6.00	Home Health Aide	7.00	224,762		224,762	1,175	191.29	6.00
7.00	Total (sum of lines 1-6)		3,051,830	0	3,051,830	10,213		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
	0	1.00	2.00	3.00	4.00	5.00	

## Limitation Cost Computation

8.00	Skilled Nursing Care	21140	2,045	1,494			8.00
8.01	Skilled Nursing Care	99915	0	0			8.01
9.00	Physical Therapy	21140	810	608			9.00
9.01	Physical Therapy	99915	0	0			9.01
10.00	Occupational Therapy	21140	264	144			10.00
10.01	Occupational Therapy	99915	0	0			10.01
11.00	Speech Pathology	21140	55	33			11.00
11.01	Speech Pathology	99915	0	0			11.01
12.00	Medical Social Services	21140	41	41			12.00
12.01	Medical Social Services	99915	0	0			12.01
13.00	Home Health Aide	21140	492	438			13.00
13.01	Home Health Aide	99915	0	0			13.01
14.00	Total (sum of lines 8-13)		3,707	2,758			14.00

Cost Center Description	From wkst. H-2 Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

## Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	2,250	0	2,250	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00		

## PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

## Cost Per Visit Computation

1.00	Skilled Nursing Care	2,045	1,494		669,983	489,464		1.00
2.00	Physical Therapy	810	608		150,684	113,106		2.00
3.00	Occupational Therapy	264	144		58,260	31,778		3.00
4.00	Speech Pathology	55	33		19,892	11,935		4.00
5.00	Medical Social Services	41	41		90,124	90,124		5.00
6.00	Home Health Aide	492	438		94,115	83,785		6.00
7.00	Total (sum of lines 1-6)	3,707	2,758		1,083,058	820,192		7.00



## APPORTIONMENT OF PATIENT SERVICE COSTS

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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,159,447						1.00
2.00	Physical Therapy	263,790						2.00
3.00	Occupational Therapy	90,038						3.00
4.00	Speech Pathology	31,827						4.00
5.00	Medical Social Services	180,248						5.00
6.00	Home Health Aide	177,900						6.00
7.00	Total (sum of lines 1-6)	1,903,250						7.00
Cost Center Description		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150026

Period:

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HHA CCN: 157174

From 01/01/2012  
To 12/31/2012Part II  
Date/Time Prepared:  
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00 Physical Therapy	66.00	0.583897	0	0	0 col. 2, line 2.00	1.00
2.00 Occupational Therapy	67.00	0.349879	0	0	0 col. 2, line 3.00	2.00
3.00 Speech Pathology	68.00	0.480093	0	0	0 col. 2, line 4.00	3.00
4.00 Cost of Medical Supplies	71.00	0.413446	0	0	0 col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.220681	0	0	0 col. 2, line 16.00	5.00

## CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150026  
HHA CCN: 157174Period:  
From 01/01/2012  
To 12/31/2012Worksheet H-4  
Part I-II  
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		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		556,411	410,861	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	2,042	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		11,832	13,524	13.00
14.00	Total PPS Reimbursement - PEP Episodes		12,017	4,122	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	457	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		291	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		580,551	431,006	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		580,551	431,006	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		580,551	431,006	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		580,551	431,006	29.00

## CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet H-4  
Part I-II  
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		Part A Services 1.00	Part B Services 2.00	
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	580,551	431,006	31.00
32.00	Interim payments (see instructions)	580,551	431,006	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO  
PROGRAM BENEFICIARIESProvider CCN: 150026  
HHA CCN: 157174Period:  
From 01/01/2012  
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		580,551		431,006	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. H-4, Part II, column as appropriate, line 32)		580,551		431,006	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		580,551		431,006	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO  
PROGRAM BENEFICIARIESProvider CCN: 150026  
HHA CCN: 157174Period:  
From 01/01/2012  
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		Home Health Agency I Contractor Number		Date (Mo/Day/Yr)	
8.00	Name of Contractor	0		1.00	2.00
					8.00

## ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet K

Hospice CCN: 151527

Date/Time Prepared:  
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		Salaries (from wkst. K-1)	Employee Benefits (from wkst. K-2)	Transportation (see inst.)	Hospice I Contracted Services (from wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	1,815	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	15,116	158,706	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	686,493	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	190,516	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	35,193	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	392,644	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	686,493	0	0	16,931	777,059	39.00

## ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150026

Period:

Worksheet K

Hospice CCN: 151527

From 01/01/2012

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		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	1,815	0	1,815	0	1,815	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	173,822	0	173,822	0	173,822	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	686,493	0	686,493	0	686,493	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	190,516	-190,516	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	35,193	-35,193	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	392,644	0	392,644	0	392,644	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,480,483	-225,709	1,254,774	0	1,254,774	39.00



## HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150026

Period:

Worksheet K-1

Hospice CCN: 151527

From 01/01/2012  
To 12/31/2012Date/Time Prepared:  
5/22/2013 11:41 am

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	418,287
8.00	Inpatient - Respite Care	0	0	0	0	0
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	0
10.00	Nursing Care	0	0	0	0	0
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	0	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	0	0	0	0	0
16.00	Spiritual Counseling	0	0	0	0	0
17.00	Dietary Counseling	0	0	0	0	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	0	0	0	0	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	0	0	0	0	0
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
32.00	Radiation Therapy	0	0	0	0	0
33.00	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	0	0
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	418,287

## HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150026

Period:

Worksheet K-1

Hospice CCN: 151527

From 01/01/2012

Date/Time Prepared:

To 12/31/2012

5/22/2013 11:41 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		98,161	170,045	686,493	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	98,161	170,045	686,493	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet K-3

Hospice CCN: 151527

Date/Time Prepared:  
5/22/2013 11:41 am

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150026

Period:

worksheet K-3

Hospice CCN: 151527

From 01/01/2012

To 12/31/2012

Date/Time Prepared:  
5/22/2013 11:41 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	1,815	1,815	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	15,116	15,116	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	16,931	16,931	39.00

## COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150026

Period:

Worksheet K-4

Hospice CCN: 151527

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

## Hospice I

		CAPITAL RELATED COST			HOSPICE 1		
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	1,815	0	0	1,815		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	173,822	0	0	1,815	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	686,493	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	392,644	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,254,774	0	0	1,815	0	39.00

## COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150026

Period:

Worksheet K-4

Hospice CCN: 151527

From 01/01/2012  
To 12/31/2012Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

		Hospice I			
		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
		5.00	5A	6.00	7.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	175,637	175,637	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care	0	686,493	111,731	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	392,644	63,906	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,254,774		39.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:

Worksheet K-4

Hospice CCN: 151527

From 01/01/2012

Part II

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

		CAPITAL RELATED COST		Hospice I		
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	2,562				1.00
2.00	Capital Related Costs-Movable Equip.	0	0			2.00
3.00	Plant Operation and Maintenance	0	0	2,562		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0 5.00
6.00	Administrative and General	2,562	0	2,562	0	0 6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	0 7.00
8.00	Inpatient - Respite Care	0	0	0	0	0 8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	0 9.00
10.00	Nursing Care	0	0	0	0	0 10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0 11.00
12.00	Physical Therapy	0	0	0	0	0 12.00
13.00	Occupational Therapy	0	0	0	0	0 13.00
14.00	Speech/ Language Pathology	0	0	0	0	0 14.00
15.00	Medical Social Services	0	0	0	0	0 15.00
16.00	Spiritual Counseling	0	0	0	0	0 16.00
17.00	Dietary Counseling	0	0	0	0	0 17.00
18.00	Counseling - Other	0	0	0	0	0 18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0 19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0 20.00
21.00	Other	0	0	0	0	0 21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0 22.00
23.00	Analgesics	0	0	0	0	0 23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0 24.00
25.00	Other - Specify	0	0	0	0	0 25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0 26.00
27.00	Patient Transportation	0	0	0	0	0 27.00
28.00	Imaging Services	0	0	0	0	0 28.00
29.00	Labs and Diagnostics	0	0	0	0	0 29.00
30.00	Medical Supplies	0	0	0	0	0 30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0 31.00
32.00	Radiation Therapy	0	0	0	0	0 32.00
33.00	Chemotherapy	0	0	0	0	0 33.00
34.00	Other	0	0	0	0	0 34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	0 35.00
36.00	Volunteer Program Costs	0	0	0	0	0 36.00
37.00	Fundraising	0	0	0	0	0 37.00
38.00	Other Program Costs	0	0	0	0	0 38.00
39.00	Cost to be Allocated (per wkst. K-4, Part I)	0	0	1,815	0	0 39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.708431	0.000000	0.000000 40.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-4  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-175,637	1,079,137	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	686,493	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	392,644	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		175,637	39.00
40.00	Unit Cost Multiplier		0.162757	40.00



## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		Hospice I		
			BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	CASHIERING/ACC OUNTS RECEIVABLE	
		0	1.00	2.00	4.00	5.01	
1.00	Administrative and General		36,906	0	194,838	14,732	1.00
2.00	Inpatient - General Care	798,224	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	456,550	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,254,774	36,906	0	194,838	14,732	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	Hospice I OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
1.00	Administrative and General	246,476	61,536	0	40,289	0	1.00
2.00	Inpatient - General Care	798,224	199,289	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	456,550	113,985	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,501,250	374,810	0	40,289	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2012  
To 12/31/2012Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		HOUSEKEEPING		DIETARY		CAFETERIA		Hospice I MAINTENANCE OF PERSONNEL		NURSING ADMINISTRATION		
		9.00		10.00		11.00		12.00		13.00		
1.00	Administrative and General	17,792		0		15,700		0		57,016		1.00
2.00	Inpatient - General Care	0		0		0		0		0		2.00
3.00	Inpatient - Respite Care	0		0		0		0		0		3.00
4.00	Physician Services	0		0		0		0		0		4.00
5.00	Nursing Care	0		0		0		0		0		5.00
6.00	Nursing Care-Continuous Home Care	0		0		0		0		0		6.00
7.00	Physical Therapy	0		0		0		0		0		7.00
8.00	Occupational Therapy	0		0		0		0		0		8.00
9.00	Speech/ Language Pathology	0		0		0		0		0		9.00
10.00	Medical Social Services	0		0		0		0		0		10.00
11.00	Spiritual Counseling	0		0		0		0		0		11.00
12.00	Dietary Counseling	0		0		0		0		0		12.00
13.00	Counseling - Other	0		0		0		0		0		13.00
14.00	Home Health Aide and Homemaker	0		0		0		0		0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		0		0		0		0		15.00
16.00	Other	0		0		0		0		0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		0		0		0		0		17.00
18.00	Analgesics	0		0		0		0		0		18.00
19.00	Sedatives / Hypnotics	0		0		0		0		0		19.00
20.00	Other - Specify	0		0		0		0		0		20.00
21.00	Durable Medical Equipment/Oxygen	0		0		0		0		0		21.00
22.00	Patient Transportation	0		0		0		0		0		22.00
23.00	Imaging Services	0		0		0		0		0		23.00
24.00	Labs and Diagnostics	0		0		0		0		0		24.00
25.00	Medical Supplies	0		0		0		0		0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		0		0		0		0		26.00
27.00	Radiation Therapy	0		0		0		0		0		27.00
28.00	Chemotherapy	0		0		0		0		0		28.00
29.00	Other	0		0		0		0		0		29.00
30.00	Bereavement Program Costs	0		0		0		0		0		30.00
31.00	Volunteer Program Costs	0		0		0		0		0		31.00
32.00	Fundraising	0		0		0		0		0		32.00
33.00	Other Program Costs	0		0		0		0		0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	17,792		0		15,700		0		57,016		34.00
35.00	Unit Cost Multiplier (see instructions)											35.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-5  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

## Hospice I

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	18,940	0	29,531	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	18,940	0	29,531	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2012  
To 12/31/2012Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Cost Center Description		Hospice I		INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				21.00	22.00	23.00	
1.00	Administrative and General	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-5  
Part I  
Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

Cost Center Description		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Hospice I Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	487,280					1.00
2.00	Inpatient - General Care	997,513	0	997,513	309,983	1,307,496	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	570,535	0	570,535	177,297	747,832	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,055,328	0	2,055,328		2,055,328	34.00
35.00	Unit Cost Multiplier (see instructions)				0.310756		35.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-5  
Part IIDate/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

## Hospice I

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.01	5A.02	
1.00 Administrative and General	2,562	0	100	3,661,117	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,562	0	100	3,661,117		34.00
35.00 Total cost to be allocated	36,906	0	194,838	14,732		35.00
36.00 Unit Cost Multiplier (see instructions)	14.405152	0.000000	1,948.380000	0.004024		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-5  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	Hospice I LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
1.00	Administrative and General	246,476	2,562	2,562	0	2,562	1.00
2.00	Inpatient - General Care	798,224	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	456,550	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,501,250	2,562	2,562	0	2,562	34.00
35.00	Total cost to be allocated	374,810	0	40,289	0	17,792	35.00
36.00	Unit Cost Multiplier (see instructions)	0.249665	0.000000	15.725605	0.000000	6.944575	36.00



## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-5  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

Cost Center Description		Hospice I				
		DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
		10.00	11.00	12.00	13.00	14.00
1.00	Administrative and General	0	27,101	0	10,449	519,128
2.00	Inpatient - General Care	0	0	0	0	0
3.00	Inpatient - Respite Care	0	0	0	0	0
4.00	Physician Services	0	0	0	0	0
5.00	Nursing Care	0	0	0	0	0
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0
7.00	Physical Therapy	0	0	0	0	0
8.00	Occupational Therapy	0	0	0	0	0
9.00	Speech/ Language Pathology	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0
11.00	Spiritual Counseling	0	0	0	0	0
12.00	Dietary Counseling	0	0	0	0	0
13.00	Counseling - Other	0	0	0	0	0
14.00	Home Health Aide and Homemaker	0	0	0	0	0
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
16.00	Other	0	0	0	0	0
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0
18.00	Analgesics	0	0	0	0	0
19.00	Sedatives / Hypnotics	0	0	0	0	0
20.00	Other - Specify	0	0	0	0	0
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0
22.00	Patient Transportation	0	0	0	0	0
23.00	Imaging Services	0	0	0	0	0
24.00	Labs and Diagnostics	0	0	0	0	0
25.00	Medical Supplies	0	0	0	0	0
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
27.00	Radiation Therapy	0	0	0	0	0
28.00	Chemotherapy	0	0	0	0	0
29.00	Other	0	0	0	0	0
30.00	Bereavement Program Costs	0	0	0	0	0
31.00	Volunteer Program Costs	0	0	0	0	0
32.00	Fundraising	0	0	0	0	0
33.00	Other Program Costs	0	0	0	0	0
34.00	Total (sum of lines 1 thru 33) (2)	0	27,101	0	10,449	519,128
35.00	Total cost to be allocated	0	15,700	0	57,016	18,940
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.579314	0.000000	5.456599	0.036484

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet K-5  
Part II  
Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	Hospice I		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
					OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)			
		15.00	16.00	17.00	18.00		19.00	
1.00	Administrative and General	0	3,661,117	0	0		0	1.00
2.00	Inpatient - General Care	0	0	0	0		0	2.00
3.00	Inpatient - Respite Care	0	0	0	0		0	3.00
4.00	Physician Services	0	0	0	0		0	4.00
5.00	Nursing Care	0	0	0	0		0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		0	6.00
7.00	Physical Therapy	0	0	0	0		0	7.00
8.00	Occupational Therapy	0	0	0	0		0	8.00
9.00	Speech/ Language Pathology	0	0	0	0		0	9.00
10.00	Medical Social Services	0	0	0	0		0	10.00
11.00	Spiritual Counseling	0	0	0	0		0	11.00
12.00	Dietary Counseling	0	0	0	0		0	12.00
13.00	Counseling - Other	0	0	0	0		0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		0	15.00
16.00	Other	0	0	0	0		0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		0	17.00
18.00	Analgesics	0	0	0	0		0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0		0	19.00
20.00	Other - Specify	0	0	0	0		0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		0	21.00
22.00	Patient Transportation	0	0	0	0		0	22.00
23.00	Imaging Services	0	0	0	0		0	23.00
24.00	Labs and Diagnostics	0	0	0	0		0	24.00
25.00	Medical Supplies	0	0	0	0		0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		0	26.00
27.00	Radiation Therapy	0	0	0	0		0	27.00
28.00	Chemotherapy	0	0	0	0		0	28.00
29.00	Other	0	0	0	0		0	29.00
30.00	Bereavement Program Costs	0	0	0	0		0	30.00
31.00	Volunteer Program Costs	0	0	0	0		0	31.00
32.00	Fundraising	0	0	0	0		0	32.00
33.00	Other Program Costs	0	0	0	0		0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	3,661,117	0	0		0	34.00
35.00	Total cost to be allocated	0	29,531	0	0		0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.008066	0.000000	0.000000		0.000000	36.00

## ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period:

From 01/01/2012  
To 12/31/2012

Worksheet K-5

Part II

Date/Time Prepared:  
5/22/2013 11:41 am

Hospice CCN: 151527

## Hospice I

Cost Center Description		INTERNS & RESIDENTS					
		NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED PRGM (ASSIGNED TIME)		
			Y & FRINGES	PRGM COSTS			
			(ASSIGNED TIME)	(ASSIGNED TIME)			
		20.00	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00	Total cost to be allocated	0	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

## COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2012

Part III

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

Cost Center Description		Hospice I			
		Wkst. C, Part 1, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
1.00	PHYSICAL THERAPY	66.00	0.583897	0	0
2.00	OCCUPATIONAL THERAPY	67.00	0.349879	0	0
3.00	SPEECH PATHOLOGY	68.00	0.480093	0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.220681	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0
6.00	LABORATORY	60.00	0.225892	0	0
6.01	BLOOD LABORATORY	60.01	0.000000	0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413446	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.738419	0	0
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00			
11.00	Totals (sum of lines 1-10)				0

## CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150026

Period:

worksheet K-6

Hospice CCN: 151527

From 01/01/2012

To 12/31/2012

Date/Time Prepared:

5/22/2013 11:41 am

		Hospice I			
		Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00
1.00	Total cost (see instructions)				2,055,328
2.00	Total Unduplicated Days (worksheet S-9, column 6, line 5)				17,650
3.00	Average cost per diem (line 1 divided by line 2)				116.45
4.00	Upduplicated Medicare Days (worksheet S-9, column 1, line 5)	16,501			
5.00	Aggregate Medicare cost (line 3 time line 4)	1,921,541			
6.00	Unduplicated Medicaid Days (worksheet S-9, column 2, line 5)		0		
7.00	Aggregate Medicaid cost (line 3 time line 60)		0		
8.00	Upduplicated SNF Days (worksheet S-9, column 3, line 5)	0			
9.00	Aggregate SNF cost (line 3 time line 8)	0			
10.00	Unduplicated NF Days (worksheet S-9, column 4, line 5)		0		
11.00	Aggregate NF cost (line 3 times line 10)		0		
12.00	Other Unduplicated days (worksheet S-9, column 5, line 5)			1,149	
13.00	Aggregate cost for other days (line 3 times line 12)			133,801	

## CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150026

Period:  
From 01/01/2012  
To 12/31/2012Worksheet L  
Parts I-III  
Date/Time Prepared:  
5/22/2013 11:41 am

Title XVIII

Hospital

PPS

1.00

**PART I - FULLY PROSPECTIVE METHOD****CAPITAL FEDERAL AMOUNT**

1.00	Capital DRG other than outlier	1,208,247	1.00
2.00	Capital DRG outlier payments	72,726	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	54.21	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.46	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	18.94	8.00
9.00	Sum of lines 7 and 8	21.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.43	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	53,525	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,334,498	12.00

1.00

**PART II - PAYMENT UNDER REASONABLE COST**

1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00

1.00

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00